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"CRACK" COCAINE

HEARING

BEFORE THE

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

OF THE

COMMITTEE ON GOVERNMENTAL AFFAIRS UNITED STATES SENATE

NINETY-NINTH CONGRESS

SECOND SESSION

JULY 15, 1986

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"CRACK" COCAINE

TUESDAY, JULY 15, 1986

U.S. Senate,
Permanent Subcommittee on Investigations,
Committee on Governmental Affairs,
Washington, DC.

The subcommittee met at 9:40 a.m., in room SD-342, Dirksen Senate Office Building, under authority of Senate Resolution 353, section 13, dated March 13, 1986, Hon. William V. Roth, Jr. (chairman of the subcommittee) presiding.

Members of the subcommittee present: Senator William V. Roth, Jr., Republican, Delaware; Senator William S. Cohen, Republican, Maine; Senator Lawton Chiles, Democrat, Florida; Senator Sam Nunn, Democrat, Georgia; and Senator John Glenn, Democrat, Ohio.

Also present: Senator Alfonse D'Amato, Republican, New York.

Members of the professional staff present: Daniel F. Rinzel, chief counsel; Barbara Kammerman, deputy chief counsel; Cynthia Christfield, staff counsel; Candice Mitchell, secretary; Sallie Cribbs, executive assistant to chief counsel; Philip Weymouth, staff intern; Mary Robertson, assistant chief clerk; Carla Martin, acting chief clerk; Charles Osolin, staff investigator; Kathleen Dias, executive assistant to the minority chief counsel; Glenn Fry, staff counsel to the minority; Eleanore Hill, chief counsel to the minority; Leonard Willis, staff counsel to the minority; and Connie Foster, secretary.

[Senators present at the convening of hearing: Senators Roth, Nunn, Cohen, and Chiles.]

OPENING STATEMENT OF CHAIRMAN ROTH

Chairman Roth. The Permanent Subcommittee on Investigations meets today to examine a frightening and dangerous new twist in the drug abuse problem—the growing availability and use of a cheap, highly addictive, and deadly form of cocaine known on the streets as "crack."

A number of recent studies indicate that cocaine, once the expensive "drug of choice" among wealthy jet-setters, entertainers, and others who could afford it, is now becoming the "in" drug for young people of all social classes as its availability grows and its price goes down.

Even as the use of marijuana and other drugs is dropping off among high school students and college students, tragically the use of cocaine by young adults is on the rise. A recent survey shows that 30 percent of the Nation's college students had used cocaine at least once by the end of their senior year.

As the recent deaths of University of Maryland basketball star Len Bias and Cleveland Browns football player Don Rogers clearly demonstrate, cocaine kills, and the number of people that it is killing is increasing seriously. For example, a survey showed that 561 deaths can be attributed to this drug in 25 cities, an increase that was estimated at three times over 1981.

In Medieval Europe, thousands of helpless people died from the Black Plague. In the United States in the 1980's thousands more could die by their own hands from an equally deadly white plague, the plague of cocaine. Those whom it doesn't kill, it destroys in other ways ruining their health, impairing their ability to reason and function, and ultimately driving many to lives of crime and violence in order to feed their tragic addiction to a series of temporary and empty highs.

These problems have been greatly intensified by the growing availability of crack cocaine on the streets of not only our major, but other cities as well. Crack is a purified form of cocaine, which is smoked, producing a more rapid and intense rush than the more traditional form which is inhaled through the nostrils. Because each rush is followed by an equally intense "crash" of severe depression, crack tends to be extremely addictive.

Instead of being satisfied with one or two snorts, as is the case in traditional cocaine users, crack users demand multiple hits immediately to offset the physical and psychological depression they experience each time they crash. Crack users have been known to go on binges lasting 15 hours or more as they desperately inhale the smoke from pellet after pellet of this deadly substance in order to delay the inevitable plunge into physical and emotional despair.

Using crack is easier and less complicated than free-basing cocaine, which was the cause of Richard Pryor's burns in 1980 and a suspected cause of Len Bias' death last month. Because it is so cheap and so readily available in many areas—being freely peddled in the streets and in "crack houses," where users can indulge in their addictions away from the scrutiny of family and friends—crack is endangering the lives and futures of many people who previously would not have had access to cocaine.

As we will hear today, this plague is not confined to large cities. In fact, more than 15 people have been arrested for trafficking crack in towns in my home State of Delaware in the past 3 months. I have here a photograph taken of approximately 400 grams of crack worth $40,000 confiscated in a police raid in Seaford, DE, a small community in my home State, where one would think that such drugs would not be readily available.

[The photograph referred to follows:]

Chairman ROTH. During the last 2 years, the subcommittee has focused its attention on trying to find ways to reduce the demand for drugs, particularly among our Nation's young people. The growing use of crack is a clear indication of the need for greater attention to this aspect of the problem.

In response to this need, President Reagan recently announced a stepped up personal campaign against drug abuse, an issue that has been fervently pursued by the First Lady, Nancy Reagan.

I applaud these efforts because clearly the word has yet to get out to our young people about the danger, and about how addictive this substance can be.

In today's hearing, we will be looking for information about what the Government and the private sector are doing, what all people should be doing, not only to curb the manufacture and sale of crack, but also to inform the Nation's people, young people in particular, about the true and deadly nature of the White Plague now lurking in our Nation's streets and schoolyards.

Senator Nunn.

OPENING STATEMENT OF SENATOR NUNN

Senator NUNN. Thank you very much, Mr. Chairman. I want to commend you for holding the hearing today. I think this subcommittee is focusing on a serious problem, and I am hopeful that we will move the Congress, the executive branch, and the American public closer to the recognition of the fact that cocaine use, particularly in the more pure form known as crack, is at near epidemic proportions as you have already pointed out.

I also want to commend Senator Chiles for bringing this issue to the subcommittee's attention. He has been in the forefront of those who early on identified crack cocaine as an unprecedented peril to the health and well-being of our Nation. I know that Senator Chiles has had a great deal of experience in Florida, and he has looked into this very carefully.

Senator D'Amato has done similar investigative work on his own in New York. I know we will be hearing from them this morning, both as Senators and as interested citizens.

As if this Nation's encounter with illegal narcotics was not difficult enough to overcome, we now seem to have a new dimension to the problem that makes the situation much worse, and that new dimension is crack cocaine. Law enforcement officials, in whom I have great confidence, tell me that crack cocaine constitutes the most dangerous illicit drug that they have ever confronted.

Crack seems to be an egalitarian drug, attracting users of all races, colors, and creeds, all walks of life, and income, and all degrees of dependence. It is also one of the most challenging of all drugs for law enforcement to control because it is relatively easy to produce, transport, sell, and ingest. According to law enforcement sources, the average crack user has a very, very compelling need for the drug, so compelling, in fact, that it overcomes all other considerations.

Law enforcement officials tell me that when they talk to crack users, and ask them the following questions, astoundingly they are likely to answer yes to each question.

Do you know that people are dying and getting very sick from crack?

Do you know that crack is quite possibly the most addictive drug on Earth?

Do you know that the high you will experience is short, only a few minutes in duration, and that when you come down from that high, you will have an insatiable urge to achieve another crack high, and that the search for another high will be never ending?

Do you know that wealthy crack users have spent hundreds of thousands of dollars on this drug, dissipated their entire estates, and were left with nothing more than a craving for more crack?

To each of these questions, the crack user will probably answer yes. Yet, incredibly, they will probably also turn around and seek out more crack in most cases.

The impact of the crack epidemic on law enforcement has been devastating and is likely to spread to other regions of our country that have not yet been hard hit. Crack hit our society with a suddenness unprecedented in the history of illicit drug use. Literally an overnight phenomenon, crack caught many police agencies by surprise.

Today, we will receive testimony from witnesses representing law enforcement who will tell us how they are confronting the problem, and how Federal authorities might help.

Senator Chiles has introduced legislation designed to combat crack. I am sure we will want to ask our witnesses about the effect of that legislation, and certainly we will want to focus on those legislative efforts.

In addition, we will hear from witnesses who will testify on how the treatment facilities deal with crack addicts and what needs to be done to improve Government's ability to help victims break these habits.

We will also hear from users who will recount their own nightmare in terms of experiences they have had themselves.

Mr. Chairman, I thank you for having these hearings. I would ask that my complete statement be part of the record.

Chairman ROTH. Without objection, so ordered

[Senator Nunn's prepared statement follows:]

PREPARED STATEMENT OF SENATOR NUNN

Mr. Chairman, I want to commend you for holding this hearing, because by doing so you are moving the Congress, the executive branch and the American public closer to recognition of the fact that cocaine use—particularly in the more pure form known as "crack"—is at near epidemic proportions. Police, educators and treatment specialists must be mobilized in a joint effort to bring this threat under control.

Similarly, I want to commend Senator Chiles for initially bringing this issue to the Subcommittee's attention. He has been in the forefront of those who early on identified crack cocaine as an unprecedented peril to the health, well being and sobriety of this nation.

As a member of this subcommittee for the last 12 years, as a parent and as a citizen troubled by forces undercutting our traditional concepts of public safety, I have been concerned for some time by the illicit drug problem. As if this nation's encounter with illegal narcotics was not difficult enough to overcome, we have now a new dimension to the problem that makes the situation much worse. The new dimension is crack cocaine.

Law enforcement officials in whom I have great confidence tell me that crack cocaine constitutes the most dangerous illicit drug they have ever confronted.

Crack is an egalitarian drug, attracting users of all ages, colors and creeds, all walks of life and incomes—and all degrees of dependence. It is also one of the most challenging of all drugs for law enforcement to control because it is relatively easy to produce, transport, sell and ingest. From all reports, it is also one of the most rewarding to the user—but the price he pays for his high is extremely costly. Too often he pays with his life or health.

According to my law enforcement sources, the average crack user has a very compelling craving for the drug, so compelling, in fact, that it overpowers all other considerations. For example, ask a crack user the following questions and he'll likely answer yes.

Do you know that people are dying or getting very sick from crack?

Do you know that crack is quite possibly the most addictive drug on earth?

Do you know that the high you will experience is short—only a few minutes in duration—and that when you come down from that high you will have an insatiable urge to achieve another crack high? And that the search for another high will be never-ending?

Do you know that wealthy crack users have spent hundreds of thousands of dollars on this drug—dissipated their entire estates—and were left with nothing more than the craving for more crack?

To each of these questions, the crack user will answer yes—yet, incredibly, will turn right around and seek out more crack.

The impact of the crack epidemic on law enforcement has been devastating—and is likely to intensify. Crack hit our society with a suddenness unprecedented in the history of illicit drug use. Literally an overnight phenomenon, crack caught many police agencies by surprise.

Even today, when virtually all levels of law enforcement agree on the seriousness of the problem, many police executives are perplexed because they simply are not sufficiently trained, informed or equipped to respond effectively to this new form of cocaine use and the ripple effect it is having throughout the society, in rural communities as well as in large urban settings.

One such ripple effect, police sources tell me, is that the crack epidemic is accompanied by renewed trafficking in stolen property obtained in burglaries and other crimes against persons.

Dealers in the more conventional form of cocaine—the so-called "white powder" variety—generally do not barter their cocaine for stolen goods. But reportedly, because of the relatively low price of this form of cocaine, crack dealers do accept stolen property as payment. In fact, in several raids on crack houses, police have found stolen property on the premises. Crack users deal directly with their supplier or crack house proprietor, circumventing the need for a fence.

Police are anticipating an increase in burglaries and similar violations as crack use spreads. Addicts who steal to support their habits will increase in number for two reasons. First, crack is quickly addictive, creating in newcomers to the drug a very strong desire for more.

Second, while an individual "hit" of crack may be relatively inexpensive—costing from $10 to $25—the user inevitably wants more, much more, of the substance because the high is euphoric but short-lived.

In no time, a user who might have been attracted by the low cost of this form of cocaine finds himself with a very expensive habit on his hands. Law enforcement officials recount many instances of users who ran up tabs of hundreds or thousands of dollars on their first visit to a crack house.

Not surprisingly, many crack users—often salaried persons with good paying jobs—found they could support their habits only by selling crack themselves. For them, there was no other choice. Either give up the drug—an intolerable option—or begin to sell it.

We will receive testimony today from witnesses representing law enforcement, who will tell us how they are confronting the problem and how federal authorities might help. Senator Chiles has already introduced legislation which increases the penalties against crack trafficking.

In addition, witnesses will testify on how the treatment facilities deal with crack addicts and what needs to be done to improve government's ability to help victims break their habits. We will also hear from users who will recount their own experiences.

Mr. Chairman, I again thank you for your cooperation in making this hearing possible and look forward to this morning's testimony.

Chairman ROTH. We follow the early bird rule here. I am not sure who was next. Senator Chiles, I believe you are next.

OPENING STATEMENT OF SENATOR CHILES

Senator CHILES. Thank you, Mr. Chairman.

I want to thank you for holding this hearing today, and Senator Nunn, and recognizing the urgent need for Congress to respond to what unquestionably is an epidemic in this country.

If you want to look at the real tragedy of cocaine rock, a 23-year old housewife from Boca Raton, a 39-year old businesswoman from Miami, a 25-year old dental assistant from Hollywood, a 45-year old municipal planning supervisor from Dade County, a 23-year old newly wed from Bal Harbour, and a 25-year old cosmetologist from Opa Locka, a 34-year old attorney from Coral Gables, they are all dead. This is a small sample of 34 people in south Florida who were snuffed out by the killer cocaine since the first of this year. Yet, it has taken the recent and shocking death of sports stars Len Bias and Don Rogers to bring widespread attention to the lethal consequences of cocaine use.

Eight months ago, I had never heard of crack cocaine. Crack cocaine is in the spotlight for the moment, what worries me is that this brief flurry of attention may fade. I think that it is why we are here today, to make sure that it does not go away.

A lot of people have said to me lately, is this going to be just another one of those fad drugs that we have? We saw this happen with PCP. We saw Quaaludes come in. We saw some of these other things come in.

I think that you are going to hear from some of our witnesses today that this fad may fade. But the carnage that it is going to leave in its path as a result is something I don't know if this country can literally survive. I have never seen law enforcement officers as concerned or frustrated or upset as I see them in my State everywhere I go. There is no difference between urban and rural. There is no difference between south and central and north Florida. This thing is a tidal wave that has hit everywhere.

It is an ideal consumer drug. It is cheap—$5 to $10 a hit. You can manufacture it with about $20 worth of equipment. It can be a cottage industry. Its distribution is so widespread. What is happening now has frustrated law enforcement people, because before they can finish their paperwork on a guy they have arrested, he is back on the street selling again.

One deputy told me that he had arrested a man three times. He has walked every time. He says that the way he had figured it, under the sentencing guidelines now, he will have to arrest him eight more times before he will be able to put him away. How many people will that guy kill before you can put him away under the existing laws.

I have introduced three bills. I would like to hear from our witnesses today. One is to make a schedule 1 felony out of the possession of a gram of rock. Right now, to get the penalties called for in that bill, 20 years and $250,000 fine, you have to have a kilogram, 1,000 grams of cocaine. One thousand grams of rock could kill everybody in the audience today. One gram of rock would make more than 20 hits, and 20 hits could kill six Lenny Biases, or make six addicts. We can't have laws where people can turn around and walk.

Another one of those bills is to double the penalties if minors are involved in the distribution of the drug, and to double the penalties if crack houses are within 1,000 feet of schools. We are finding all over our State that minors are being used. In Tallahassee, FL, they brought a semi-truckload of bicycles that they gave to the kids so the kids could ride around, and scream the number 99 if they see a police officer coming into the neighborhood. In other places, they have equipped them with walkie-talkies and guns. What are they giving these kids for doing that? Rock, addicting them, that is what they are using, and they are using it around our schools.

Right now, we are just beginning to see what is happening in the treatment facilities where these people came in, because it is so addicting. The high hits you in 5 to 10 seconds, and it is 10 times stronger than heroin. I talked to one of the girls at the treatment house, she had done some heroin for over 10 years. She said: "The first time I tried rock, I never tried heroin again. There is no comparison. There is nothing like the high that you get, but the low corresponds to that to the point that police officers are now told: Don't smile at anybody that you think might be on a cocaine low, because if you smile at him, he is liable to kill you. He is liable to kill you because he is paranoid that he is in that kind of low."

Also in our emergency supplemental appropriation bill, I sponsored an amendment that calls on the Attorney General to call an emergency meeting of the National Drug Enforcement Policy Board to discuss rock and to develop a national plan of assistance for State law enforcement officials, investigators and prosecutors to use in combating rock. That amendment has been approved, and it was signed into law, and we will be meeting, Senator D'Amato and I, with the Attorney General in the next few days to discuss this plan, which has to be developed in 3 days.

Mr. Chairman, I think this hearing is going to be enlightening. We are going to hear from addicts. We are going to hear from law enforcement people. We are going to hear from some of the people who worked for us in trying to deal with this. Again, I compliment you for calling the hearing.

[Senator Chiles' prepared statement follows:]

PREPARED STATEMENT OF SENATOR CHILES

Mr. Chairman and Senator Nunn, I want to thank you for holding this hearing today and recognizing the urgent need for Congress to respond to what is unquestionably an epidemic in this country.

Let's look at the real tragedy of cocaine rock. A 23 year old housewife from Boca Raton; a 39 year old businesswoman from Miami; a 25 year old dental assistant from Hollywood; a 45 year old municipal planning supervisor for Dade County; a 23 year old newlywed from Bal Harbor; a 25 year old cosmetologist from Opalocka; and, a 34 year old attorney from Coral Gables.

All dead—a small sample of 34 real people in South Florida snuffed out by killer cocaine since the first of the year. Yet, it has taken the recent and shocking death of sports stars Len Bias and Don Rogers to bring widespread attention to the lethal consequences of cocaine use. Still I am willing to wager that most Americans have never heard of crack or rock cocaine. We all are familiar with cocaine; it has been with us for a long time. Crack, however, is something altogether different. It is far more powerful, far cheaper, far more addictive, and increasingly available. These characteristics, I believe, potentially make crack the worst drug problem this country has ever had to face—worse than alcoholism, far worse than marijuana, and even worse than heroin. Even hard-core heroin addicts tell me they are scared of crack.

Eight months ago, I had never heard of crack cocaine. Sure, crack cocaine is in the spotlight for the moment, but what worries me is that this brief flurry of attention may fade. Crack and its lethal effects will not; it will continue to kill and enslave the lives of young Americans with or without the public's awareness or concern.

We are here today to ensure that this concern does not go away. We are here to learn more about crack cocaine, so that we can devise law enforcement strategies and education and medical tactics which will help prevent crack from spreading further.

I began battling crack before the deaths of Len Bias and Don Rogers, and I will continue to fight it. I have introduced three bills in the Senate which would severely penalize crack dealers. I've been stumping the state of Florida for months now, talking to law enforcement officials, drug counselors and drug users about crack.

What frightens me so much about crack is that it is the perfect consumer drug. The particular characteristics of crack combine to make it a marketing dream for dealers and extremely alluring and difficult to resist for potential consumers. This marketing dream is the user's trap and nightmare. A hit of crack costs only $5 to $10. Cocaine used to be a drug for the wealthy, but the low cost brings crack into the budget of any teenager heading for the movies. The decreased cost also brings increased potency. Crack cocaine is purer; when smoked, it reaches the brain in less than 10 seconds. A snort of cocaine requires up to eight minutes to reach the brain. Crack's high is very intense, but it lasts for only minutes. It immediately creates an intense craving for another dose. This craving means that the drug can be very expensive with repeated use. Addicts can have habits worth hundreds of dollars per week.

Furthermore, crack or rock is easily manufactured. It is a decentralized cottage industry, requiring about $20 in materials and little knowledge. You need a pot, a flame, and some baking soda. People used to believe that cocaine was addicting only psychologically. New evidence suggests otherwise. Cocaine appeals directly to the pleasure center in the brain. It stimulates the pleasure center intensely, but over time it depletes the body's ability to feel pleasure without the stimulus of the drug. A user without cocaine becomes depressed, and cocaine is seen as the only antidote. Dr. Richard H. Schwartz, medical director of a Virginia drug rehabilitation center, performed experiments with cocaine and monkeys, giving the animals an unlimited intravenous supply of the drug. Within five days, all the monkeys were dead. As Dr. Schwartz said, "They preferred cocaine to life—that's the bottom line."

By conservative estimate, cocaine revenues reached at least $15 billion in 1984. Since 1980, cocaine smuggling has increased into this country by 500%. The cash reserves in the Miami branch of the Federal Reserve rose from $89 million in 1971 to $5.96 billion last year. What all these figures suggest is that cocaine is readily available; there's a sophisticated distribution network already in place in our country.

You may think that the users of rock and crack are street punks or addicts hooked on other drugs. Wrong! Crack use spans our society—from young to old and from poor to rich.

The more I have heard and learned, in my recent travels around the state of Florida, the more frightened I have become about the potential spread of crack cocaine.

Fort Pierce police told me about a young man who sold $12,000 in computer equipment for $70 in order to buy crack.

Naples police told me about a 14-year-old boy who stole $14,000 from his parents to pay for his habit.

A finance clerk in Kissimmee, Florida recently confessed to embezzling $31,000 in a year's time in order to finance her habit. She would keep her crack pipe in her car so she could get high while driving her children to school.

Other stories show that crack is spreading to children and causing a severe upswing in crime. In Tallahassee, crack dealers have provided kids with bikes so they can act as scouts to warn them of police.

A building administrator in North Lakeland tells of 7, 8, and 9-year-olds hooked on cocaine rock.

Oakland Park police recently apprehended a rock dealer who was selling to 12-year-olds.

Even in smaller communities throughout the state—Arcadia, Deland, Quincy, Madison, and Auburndale—you can buy the drug curbside.

In a recent bust in tiny Perry, Florida, police apprehended 25 dealers who sold rock in what police refer to as "open air markets." In the same area, the Sheriff of Taylor County reports that one dealer had as many as 26 cars in his yard. When desperate for another rock, many users will trade their cars for the drug.

In Orlando, Florida, police have reported a 52% increase in robberies in the first three months of 1986 as compared to 1985, and they attribute much of this increase to crack. A woman there robbed three stores in six hours on February 11th, saying she needed the money for crack. She'd rob a store, go buy more crack, use it up, and then rob another store. She fired a shot at the clerk in the last store and later confessed she had never shot a gun before in her life. These instances are not isolated, and they are not limited to large cities. One of our witnesses today, Sheriff Adams of Sumter County, Florida, reports that there are at least 40 known rock dealers in his county which has a population of only 27,000.

Crack is spreading, it is affecting our children and grandchildren, and it is igniting a crime wave. It is for these reasons that we are here today.

That is why I sponsored an amendment calling on the Attorney General to call an emergency meeting of the National Drug Enforcement Policy Board to discuss rock and to develop a national plan of assistance for state law enforcement officials, investigators and prosecutors to use in combating rock. I'm glad to report that this amendment has been approved by the Congress and was signed into law on July 2 (Public Law 99-349). I'll be meeting with the Attorney General to discuss this plan which must be developed in 60 days.

It is also for all these reasons that I introduced three bills (S. 2560, S. 2561, and S. 2562) aimed at halting the spread of crack. Recognizing the extreme potency of this drug and the fact that there is no known medical use for it, my first bill moves crack cocaine to Schedule 1 of the Controlled Substances Act and decreases the amount to 1 gram for the stiffest penalties to apply. For first time offenders, penalties could be as high as 20 years and $250,000. Repeat offenders could receive up to 40 years and $500,000.

The other two bills are directed at those who prey upon our youth to work in illegal drug enterprises. They would double and triple penalties for those who employ minors in drug enterprises and for those who manufacture or process drugs within 1,000 feet of a school. These new laws would help police close down rock houses and allow them to make arrests when drug traffickers are caught without the drug in their actual possession.

If these three bills were implemented tomorrow, they would probably not stop rock and crack cocaine from spreading. But they will help. We must make those who traffic in crack cocaine realize they will face the strongest criminal penalties if they manufacture and distribute the drug. We must also educate the young about the dangers of crack. It is, without doubt, the No. 1 drug problem in the United States today.

Crack is jeopardizing our youth.

It is monopolizing our police.

It is terrorizing our communities.

I can only hope this hearing will serve to bring about quick legislative action and help us develop additional strategies to prevent the spread of rock cocaine and protect lives and families.

Chairman **Roth**. Thank you, Senator Chiles.

[At this point, Senator Glenn entered the room.]

OPENING STATEMENT OF SENATOR COHEN

Senator **Cohen**. Just a few brief words, Mr. Chairman. I'd like to commend you for holdng this hearing, and also Senator Chiles and Senator D'Amato, the Don Johnson of the Senate, for their contribution. I will yield to Senator D'Amato in a moment for his statement, so that he can provide some enlightening comments from his own experience in trying to deal with this particular problem.

I think that Senator Chiles has hit the right phrase—this problem is like a "tidal wave." I know for years all of us have been concerned about the amount of drugs coming in from South America into Florida, and then into the distribution network.

Several years ago, we started to beef up the Drug Enforcement Agency's budget and activities in Florida and along the coast. All that has happened, however, is that the activity has moved up the coastline. Now Maine has become, in fact, a drug haven for smugglers. We have several thousand miles of coastline in Maine, and it is very easy to smuggle drugs through those many islands. We have cocaine running through the veins of rural Maine.

I think that what has happened, as this committee has seen many times before, is a familiar pattern where the police are presented with an impossible situation, because of the sophistication of dealers, it is virtually impossible to stop. There is little chance of apprehension. There is little chance of prosecution. There is little chance of conviction. And there are huge profits. Whenever you have that combination of factors, you have a major, major problem confronting this country.

I think that Senator Chiles has it correctly, we have the floodgates open right now. The administration has talked about declaring a war on crime. If that is the case, then it is a war that we are losing rather badly.

I hope that something can come out of the hearing that will be positive and constructive, and perhaps give us some sort of indication of what we can possibly do to stop this epidemic.

Chairman ROTH. Senator D'Amato.

OPENING STATEMENT OF SENATOR D'AMATO

Senator D'AMATO. Mr. Chairman, let me congratulate you for calling this hearing and thank you for giving me the opportunity of being here with you, my colleagues.

Let me first say that last week, U.S. Attorney Woody Giuliani, our Federal Parole Chairman, Commissioner Benjamin Baer, and I verified how easy it is to buy crack. We went to Washington Heights, New York City, where within a matter of seconds each of us was able to make a buy.

I call to the committee's attention that it was during the day time, it was kind of rainy, about 1:30, and it was not the normal time that one would think that these kinds of transactions take place. Yet it took place with a degree of ease that shocked me.

The fact is that we say little of the DEA agents who had suggested this trip to underscore the seriousness of the epidemic that they are dealing with, and it is a tidal wave as described by my colleague, Senator Chiles, that is engulfing this Nation.

We say that we have a war on drugs. That is fallacious. There is a war, but we haven't dedicated the resources necessary to win that war. We haven't really utilized the military in even the simplest of manners in which this committee, as I see my good colleague, Senator Nunn, and others, has fought to do.

We are engaged in a turf battle. The Navy doesn't want to fund this program, a very simple program of having the Coast Guard personnel on the boats to be utilized. I have just learned from my staff that the question is who is going to pay a meager $15 million. We are talking about a multibillion-dollar industry that finances governments from abroad and many of their officials. Our State Department has done little, if anything, in a concerted effort to deal with this problem, with the foreign countries that are producing these drugs. In some cases, some of their officials are helping to make it possible. We are playing games with the American people.

We must recognize the seriousness of this situation and mobilize America, mobilize it, to combat this dreadful epidemic. Maybe the crack epidemic, the so-called tidal wave, has a silver-lining in the fact that it may shock public officials at every level of Government into doing the business of the people.

Lord knows, there is plenty of responsibility to go around, and I am tired of hearing the State level blame the Federal level, and the Federal level blame the State level, and then we blame the courts. Every level must be strengthened in this battle if we are going to win. I don't believe that, on the national level, we have done nearly enough to say that this will be a priority, that we are going to mobilize our people, that we will use all of the military resources that we have to protect our borders.

I think that it is about time that we seriously impress the administration, Secretary Weinberger, that we mean business. We have heard them tell us that this is going to impair the military readiness of the Nation. I suggest to you, however, that the drug epidemic is as dangerous, if not even more so, than any other terrorist that this Nation faces, including the Qadhafi's, the Khomeini's, because terror is being spread in the neighborhoods, in the hamlets, and throughout this great Nation of ours.

We have our young people being entrapped in the dreaded scourge of drug addiction, and it is a scourge. We hear about Len Bias and Don Rogers, and everyone is shocked. And what about the tens of thousands of nameless and faceless youngsters who are entrapped, who are addicted, and who have suffered similar fates that no one hears about. That goes on continually.

So, Mr. Chairman, I welcome this hearing. It seems to me that we have to make our Armed Forces full partners in the drug interdiction effort. We have failed to provide enough funding for drug prevention and treatment at every level of Government. Mr. Chairman, we have got to see to it that the U.S. Attorney's Office, the DEA agents, and the Immigration and Naturalization Service be brought together with our law enforcement officials.

We also have got to see to it that the Federal Government begins to set some priorities and helps our States in seeing to it that there are sufficient jail cells. This is a very real problem. We are seeing judges discharging drug dealers who have been convicted. I could give this committee a litany, a sorry litany of what is taking place in the city of New York, where convicted dealers are let go because there is inadequate space in our prisons.

I would suggest that if there is a dealer in New York who is discharged, let's not kid ourselves, that has a profound effect on the entire Nation. You will find the same may be taking place in other areas, in Florida, and other regions.

Mr. Chairman, I welcome this hearing, but I think that we are going to have to come together and put partisan politics aside. That is why I want to say that I am pleased to work with my colleague, Senator Chiles. We will be meeting with the Attorney General next week to discuss some of our legislative efforts. Tomorrow, I will be meeting with Commissioner Baer and the entire Federal Parole Commission, so that they begin to deal with sentences and the parole of crack dealers in a more serious manner than has been the case heretofore. I think Commissioner Baer really was quite shocked, and our undercover operation gave him a sense of the urgency of the problem that we face in this Nation.

Mr. Chairman, I thank you for calling this hearing and giving me the opportunity to share some of these thoughts with you.

Chairman ROTH. Thank you, Senator D'Amato.

At this time, I would like to call forward the first panel, Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse, Rockville, MD; and Dr. Robert Byck, professor of psychiatry and pharmacology at the Yale University School of Medicine, New Haven.

Gentlemen, if you would please come forward and remain standing, under the rules of the subcommittee all witnesses must be sworn.

Will you raise your right hand please. Do you swear the testimony you will give before this subcommittee will be the truth, the whole truth, nothing but the truth, so help you God?

Mr. SCHUSTER. I do.

Dr. BYCK. I do.

Chairman ROTH. Thank you, gentlemen, please be seated.

Dr. Schuster, we will start with you. If you can partially summarize your statement, I will say to you, as I say to all witnesses, your full statement will be included as if read.

TESTIMONY OF CHARLES R. SCHUSTER, PH.D., DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE [1]

Mr. SCHUSTER. I am Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse. I would like to thank you for inviting us to testify today at your hearing on the growing problem of crack cocaine.

The new Assistant Secretary for Health, Dr. Robert Windom, would like the committee to know that he is deeply concerned about the issue and considers the dissemination of information about crack cocaine to be one of his highest priorities.

Increased concern about drug abuse, and particularly about the use of cocaine, is being expressed at the highest levels of this administration. Right now, the White House is considering suggestions for new measures to deal with this problem. This Department is undertaking a number of efforts—in the areas of research, prevention, and treatment—aimed specifically at the problems associated with cocaine use.

I could not help noting that it was almost exactly a year ago that the increasing use of cocaine in this country, and its toxic consequences, was the subject of another hearing by the Select Committee on Narcotics Abuse and Control. At that hearing last July, our Department testified that in the past 15 years cocaine abuse had grown from a relatively minor problem to a major public health threat, and we reported that cocaine users had changed the manner in which they were using the drug, shifting from snorting or inhalation of the drug, to the more dangerous form of smoking the free-base.

The recent manufacturing and distribution of crack cocaine, which has emerged in 1985, is particualry of great concern because it is conveniently packaged, easily and rapidly ingested by smoking, and initially affordable.

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[1] See p. 69 for Mr. Schuster's prepared statement.

Before we go any further, I think that it is important to define what we really mean by crack. There are a number of street names, and a variety of ways that this has been referred to.

Essentially, if cocaine is to be smoked, it must be converted into its free-base form. Previously, an alkali, such as ammonia, or bicarbonate of soda, was added to cocaine hydrochloride to form the cocaine base and then extracted using a solvent such as ether. However, individuals who were preparing free-base discovered that they didn't have to go through this costly and dangerous extraction process with ether, but rather they could simply precipitate the free-base and remove that, and it forms a waxy kind of material, which can be smoked to deliver cocaine. Incidentially, when it is smoked, it makes a crackling sound, hence the name "crack."

In other words, crack is simply a street name for smokable cocaine free-base, prepared by a method which does not involve solvents.

Let me briefly describe the extent and consequences of cocaine and crack use. This has already been alluded to by many of you who have spoken about it, but I would like to go over it in a little more detail.

In May 1985, NIDA conducted a field investigation in New York City and initially brought crack to the attention of Federal and State authorities. In October 1985, the New York Drug Enforcement Task Force made the first significant seizure of crack. We have not had enough time elaspe since then for us to get epidemiological data about crack use per se. However, it is of importance to note that our national high school survey, which as you know is done every year, did show that the class of 1985 were using cocaine at an unprecedented level. Seventeen percent of high school senior students reported that they had tried cocaine, 13 percent in the last year, and 7 percent in the last month. This is a particularly alarming statistic because most cocaine users do not start using the drug until after high school.

Data released just last week from a national survey funded by NIDA revealed that cocaine use remains at peak levels among young adults generally. It was found that by the end of their fourth year of college, about 30 percent of all college students will have tried cocaine at least once, and that nearly 40 percent of all high school graduates have tried it by the age of 26 or 27.

What are the consequences of this abuse of cocaine and crack. Data from the Drug Abuse Warning Network, which we call DAWN, provides an indication of the health consequences associated with the use of cocaine. DAWN, which is a NIDA sponsored survey of selected hospital emergency rooms and medical examiner offices, which is located in 27 metropolitan areas in the United States, provides information on the number of episodes of individuals coming into the emergency room with a cocaine-related problem, or those that show up in the coroner's office for autopsy.

The severity of the potential health consequences associated with the use of cocaine was underscored by the recent deaths of Len Bias and Don Rogers. Although these deaths shocked and saddened the Nation, they did not surprise those of us in the drug abuse field who have been long on record in reporting that cocaine overdose can result in seizures, coma, and death from respiratory or cardiac arrest.

As long ago as 1977, NIDA published a monograph in which we contracted for the investigation of 111 cocaine-related deaths. Of these, 26 could be strictly attributed to cocaine itself. Significantly, about 7 of the 26 were by the inhalation route, a route that some people, in a misguided fashion, think is safe.

The number of cocaine-related deaths, as has been referred to by Senator Roth, has increased dramatically, from about 195 in 1981 to 580 in 1984, and it continued at that level in 1985. I think that it is important to note that those figures should not be thought of as the total number of cocaine deaths in the United States. Those figures can only give you trends. Remember that we only get data from selected areas of the United States, and these mortality data do not include New York City, where we would expect a great deal more deaths to occur.

Over the past 5 years, the number of hospital emergencies related to the use of cocaine has tripled, from about 3,000 to around 10,000 in 1985. Although this problem is spreading throughout the United States, it has affected certain areas disproportionately. Five metropolitan areas made up more than 50 percent of all cocaine mentions in 1985. These are New York, Miami, Los Angeles, Washington, DC, and Detroit.

DAWN data also suggest that smoking cocaine, or free-basing, or crack, has also increased during the eighties. Emergency room episodes associated with smoked cocaine have risen from about 2 to 15 percent in the first quarter of 1986. Data on treatment admissions provide another indication of the seriousness of this problem.

Treatment data from 19 States and the District of Columbia indicate an increase in the percent of clients admitted to treatment for a primary cocaine problem from 3.8 percent in 1979 to around 10 percent in 1983. Among primary cocaine clients admitted to treatment, the number who were smoking the drug has increased from 5 percent to almost 20 percent.

Why is crack so popular? There are several reasons why crack has become so popular. It appears that the role of smoking as the drug's route of administration is more important than its purity. Crack doesn't require the use of elaborate paraphernalia. It is usually smoked in a simple glass pipe. This appeals to many buyers of crack who are first-time users of cocaine. It sells for a lower unit price, which attracts younger and less affluent street customers. To the experienced user, an attractive aspect of crack is its rapid effect. These users know that when it is smoked, cocaine's onset of action is more rapid than when it is snorted.

Previously, cocaine was generally purchased in lots of at least a gram for a price around $100. Crack, on the other hand, is packaged and marketed in small vials that were designed to hold eyeglass or watch parts. Each small vial holds one dose, which sells, roughly, for around $10. This packaging is very important since it reduces the price barrier that prohibited young children from being able to purchase the drug in the past.

Further, as I said, it may, because it is so rapidly acting and rapidly dissipated, become an even more expensive means of using cocaine than if it were snorted.

What has been the Federal response, and specifically NIDA's response to this problem?

Because so many people are clearly experiencing major problems from the use of cocaine, in whatever form, research into the drug has been and remains an extremely high priority for the National Institute on Drug Abuse. We are spending approximately $7.5 million of cocaine-related research this year.

Chairman ROTH. How much was that again?

Mr. SCHUSTER. It is $7.5 million.

Clearly, the route of administration that cocaine is used has turned out to be an extremely important factor. We have funded research that has been able to show that smoking cocaine produces a very rapid effect, both in terms of the psychological high and the cardiovascular effects, equivalent in terms of speed to that which you would obtain if it were taken intravenously.

[At this point, Senator Glenn left the room.]

Mr. SCHUSTER. We also know, on the basis of NIDA sponsored research, that the actual level of the drug in the body is less important than the rapidity with which brain levels go up. So, smoking, or taking the drug intravenously, produces a much more euphoric response than taking it intranasally or by other routes where the drug only is gradually absorbed into the body.

So, the smoking of crack and the rapidity of its effect is one of the reasons for its seductiveness.

Research into the treatment of cocaine abuse is a major problem, a major area which we are investigating. Treatment, as you are well aware, can be both protracted and costly. We are looking into ways to improve the efficiency of treatment and to decrease its cost.

Researchers are investigating such topics as the use of antidepressant drugs in the treatment of cocaine withdrawal symptoms. As you know, as has been alluded to, when crack use is stopped, individuals crash. They show irritability, depression, and a variety of other symptoms, and this leads to intense craving for the drug. What we are looking at is other drugs which may alleviate this craving.

We are also looking into other types of therapies, including family therapy, group psychotherapy, as well as therapeutic communities. We are particularly concerned about self-help groups as part of the after-care programming for persons who have already been treated in the hospital setting for cocaine dependence.

Because cocaine addiction is so difficult to treat and relapses are common, our first line of defense is really prevention. Our major effort in this area, which began this year, is a multimedia campaign consisting of radio and television public service announcements, and print ads called, "Cocaine, the Big Lie."

The major theme of this multimedia campaign, which utilizes cocaine users describing their own experience, is anybody who tells you that cocaine isn't addicting lies. It clearly is addicting, and it clearly is toxic.

In planning this campaign, we took into account our epidemiological findings, and specifically target it to young working adults, men and women age 18 to 35, who are the population at most risk for becoming dependent upon cocaine. The next phase of this campaign will be targeted to high school and college students.

The campaign is designed in specific phases so that we can adapt the campaign as new information emerges and we are currently looking into ways of specifically targeting crack and the dangers associated with it.

NIDA has also set up a toll free treatment referral hotline number, which is cited on all of our media campaign ads. This number, 1-800-662-HELP, has serviced approximately 6,000 calls since it began operating on April 15. Calls have come in from every State and from people in all walks of life, indicating that the ads are being widely viewed and responded to.

The largest number of callers, however, come from three States, Florida, California, and New York. Because of the tremendous response to this program, we will be expanding our hotline service in the future.

In addition to this national media campaign and the activities associated with it, NIDA is involved in a number of other major prevention initiatives which we hope will have an impact upon cocaine use, especially by young people. For example, the Institute has identified the Oakland Parents in Action, which is a comprehensive community project, as a model for reaching minority communities with citizen-involved drug abuse prevention programs.

We have adopted and helped to replicate this in a number of other ethnic minority communities, in Atlanta, GA: Corpus Christi, TX; and the Hopi Indian Reservation in Arizona.

NIDA is also working with The Links, a national black women's organization, and with two black college sororities in prevention efforts.

NIDA is also promoting the implementation of prevention strategies that will work in school settings, and the formulation of policy relating to the drug issue. While we continue to identify, describe, and assist in disseminating school curricula designed to prevent drug and alcohol abuse, we are convinced that these curricula themselves are not effective without the proper attitude on the part of teachers and others in that system, an attitude that reflects the drug use is simply not acceptable either in the school or outside of the school.

NIDA is also involved in a special initiative designed to reach out to youth groups who appear to have been overlooked in prior prevention efforts. These target groups include runaway youth, children of substance abusers, juvenile delinquents, and foster care children. In addition, NIDA has a cooperative program with the Office of Juvenile Justice and Delinquency Prevention to conduct conferences and provide substance abuse technical assistance and training to juvenile probation departments.

I know that we are all frustrated with the fact that these efforts have not been effective in averting the problem that we are currently facing of crack cocaine use. We share that frustration with you. I would like to refer back, however, to a statement that has been made by Senator Chiles. You alluded to the fact that crack cocaine use is just the latest in a continuing number of drugs that episodically tear into our culture and produce devastating consequences. I agree with you that this may be one of the most, if not the most dangerous, but nevertheless, I think that it is important to place it somewhat in perspective. We have had episodic, ravaging use of other drugs of abuse in the past, and this is why NIDA continues to fund basic research which has as its goal understanding the very nature of the dependence producing process from the behavioral, psychological, and physiological view point, understanding why it is that individuals' brains are affected in such a fashion that they wish to use in a compulsive and repetitive way these drugs of abuse.

We hope, through this basic research, to identify individuals who are at risk for drug abuse and to identify the basic mechanisms underlying this, so that we won't fall prey in the future to the newest and the latest form of drug abuse coming down the pike, rather we may be prepared with more targeted prevention efforts, if we can identify those who are at risk with better drugs, if we can identify the brain mechanisms responsible for drug dpendence, and be in a much better position in the future to avert and prevent the kind of problem we currently face with crack.

Thank you.

Chairman ROTH. Thank you, Doctor.

Dr. Byck.

TESTIMONY OF ROBERT BYCK, M.D., PROFESSOR OF PSYCHIATRY AND PHARMACOLOGY, YALE UNIVERSITY SCHOOL OF MEDICINE [1]

Dr. BYCK. Mr. Chairman and Mr. Chiles, I appreciate the opportunity of being able to speak here. I am Robert Byck, I am a professor of psychiatry and pharmacology at Yale University. I have been involved in the cocaine business more or less since 1974, along with Dr. Schuster, who was one of the early National Institute on Drug Abuse supported cocaine researchers. The National Institute of Drug Abuse has been supporting research into cocaine since the midseventies.

However, despite that, I have to agree with Mr. D'Amato that we are not serious about our war on drugs, however one defines the war on drugs, whether one defines it as a research effort, interdiction, public education, or whatever it is.

I heard from one of the people I was staying with that it was announced on one of the television programs today that this country is spending something like $8 billion on pet food.

Chairman ROTH. On what?

Dr. BYCK. On pet food each year. I don't think that pet food, as much as I love cats and dogs, is as important as the health of our children, as the economic well-being of our country, and I don't even want to consider comparing the cost of pet food against the kind of dangers that occur with cocaine use, yet we don't spend a microfraction of that on any aspect of the war on drugs.

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[1] See p. 86 for Dr. Byck's prepared statement.

Are we serious? The Government gets a lot of information, it goes out and it holds hearings like this, and as a result the Government knows a great deal, and we know a great deal. We know the effects of drug abuse. We know what can be done with media. We know what can be done with adequate advertising.

We know through campaigns like Mothers Against Drunk Driving, or the campaign against cigarette smoking, that a persistent and consistent effort getting through all media can have its effect. Yet, what do we do?

In 1979, I testified before the House Committee on Narcotics Abuse and Control, and I said that we were about to have the worst epidemic of drug use this country had ever seen, something like the speed epidemic of the 1960's, except on a national scale, and that was going to be the use of free-base cocaine.

I begged people, and I begged people at NIDA, for goodness sake, this is a chance to stop, if not to stop it, at least to take a chance on an educational campaign to avert a drug abuse epidemic.

We put almost nothing into prevention; and prevention is critical. If kids don't start using drugs, then you don't need expensive treatment facilities to take care of them. We have to put our money into prevention. In order to put it into prevention, we have to have knowledge. In order to get the knowledge, we have to support research programs to look into the epidemiology, exactly what is happening. How likely is it, if someone smokes some crack today, that they will be addicted 5 weeks from now. We don't know the answers to simple questions like that, and the answers are available—I hate to use terms like this—for ready money.

One reason I am here is to ask the Senate, and to ask this Government to put your money where your mouth is. Everybody is talking about drug abuse and what a bad thing it is. Look at all the kids who are dying. Look at all the athletes who are dying. For goodness sake, you have got to deal with a $25 billion industry with significant money, and with significant intelligence, and with significant application to the problem, and not just go back into the standard formulas that have not worked for many years.

Let me get on with crack. As I said, it was obvious in 1979 that this was going to happen. It has happened in the Bahamas. Studies done by the epidemiological group at Yale have shown a clear-cut example of what looks like an AIDS or an infectious disease epidemic of crack use in the Bahamas. It is a small country where it is easy to track what occurs.

Basically what they have seen is that from no admissions at all, or one or two admissions into hospitals concerned with cocaine, the number is going up to hundreds in a very small population in the course of a few years. The change that occurred was not the availability of cocaine, but rather the fact that the dealers were selling only this particular form of cocaine, which could only be smoked. You can't snort crack.

When users smoked it, they got rapidly involved with it. They had to stick with it, so with that they had all the toxic effects of cocaine, and with the toxic effects of cocaine, they ended up on psychiatric hospitals. That is what we saw in Peru.

In Peru, after all, cocaine has been available in some form or other for probably 10,000 years, 3,000 certainly. They have always had some people who were in trouble with some form of cocaine, but it was not until the introduction of smoked cocaine that they had really serious problems and tremendous numbers of admissions to psychiatric hospitals, with people who were insane with the use of cocaine, with people whose parents, and whole community had given up on them because there was nothing that could be done for them. They seemed to be incurable. And this is in a country where cocaine was always available. The difference is in the form of the drug, and the route of administration.

Dr. Schuster has pointed out the form of the drug is a free base. That term may not be understood. It is a word, but it is not so understandable. The usual kind of cocaine is a salt. It is cocaine with hydrochloride next to it. It is like salt, sodium chloride. Here this is no chloride attached to it, free base is just plain cocaine. Alkaloids are basic and so cocaine alkaloid is a free base.

The difference between this material and the material that was available before is that if you heat it to about the temperature of boiling water, it goes off into a vapor. If it goes into a vapor, you can inhale it into your lungs, and you can take a lot of cocaine into your lungs. You can pack your nose only so far, but you can keep breathing for a long time. As long as you can keep breathing cocaine vapor, you can get more of a dosage into yourself. That is the reason why crack, or cocaine free-base, is so dangerous. There is an unlimited amount that can go in.

The speed of that material going to the brain is very rapid. It goes into the lungs, and immediately goes through the heart and it is pumped up to the brain. Then you get an intense change in the mood of the individual, which initially is extremely pleasant, and someone wants to repeat it. But because it has gone in so fast, the level drops down quickly, and with the level dropping down, somebody feels terrible. The Peruvians would call it anguista, the anguish of the pain, and it is a painful feeling of the fall off of that drug blood level. So you take some more.

When you take some more, you realize that this is going to get you a bit edgy, so you take alcohol along with it. Multidrug abuse is very common. Taking alcohol or marijuana along with crack is just about standard. In Peru, it was almost always alcohol and tobacco. Taking heroin or smoking heroin along with crack is fairly common.

So here we have a substance which is tailormade to addict people. What do we graft on to it? We graft on, first of all, this gigantic import industry of many billions of dollars. Second, our own American marketing methods. It is as though Ray Kroc had invented the opium den, because what we have here is the fast food solution. It is not that McDonald's hamburgers are necessarily better, although I am sure they are better to some people, it is the fact that they are already prepared, they are ready to go, and they come in a little package. Here suddenly, we have cocaine available in a little package, in unit dosage, available at a price that kids can pay initially.

So an intensely desirable substance, available in a unit package, pushed by a billion dollar marketing industry, and we are going to hand out booklets. Gentlemen, I think that we are faced with something that requires a really major response, and it requires our best minds. It requires our best media minds, our best advertising minds, our best entertainment minds, as well as our best scientific minds.

[At this point, Senator Chiles left the room.]

Dr. BYCK. I think that we have to do more than one thing. I think that we have to support research, research into basic mechanisms, the epidemiological research which has not been done on just how somebody gets involved with crack, and this can be done, but it costs money.

Research into the consequences of drug use. I think we have to support monies that take a look at what happens to drug abusers, what happens to their brains, their hearts, their lungs. We have to go out after that. If there aren't scientists interested, hold up some money, you will get some scientists interested. People do respond to money, that is something else we have learned in this country.

I think we need targeted campaigns to find out the results of cocaine use, to find out the basic mechanisms of addiction, but above all, to find out the information that we need for our educational campaign. I don't think that it can be a 1-year budget.

The epidemics of the past have gone on for 10 and 15 years. We are dealing with a worse drug, fueled by more money, than we have ever dealt with, or that anybody has ever dealt with in history. I think that we need long-term, hard-hitting money, using the best minds in this country.

The rest of my statement, I am sure, will be printed in the record, but I ask you, we need to do something now. We have been warned in the past. We paid for the research that gave us that warning. Let's take the information we have now and actually do something for a change, instead of sitting around and saying, "We have got to have more of a war on drugs, and I will make a statement against it."

Thank you.

Chairman ROTH. Thank you, Dr. Byck, and Dr. Schuster.

I am going to limit the questions, and I am going to keep to it very strictly, because we have a number of people coming up, to 10 minutes each. I would ask you to try to be brief in your answers so that each of the Senators has the opportunity to ask the questions he chooses.

First of all, let me say, I very strongly agree with the criticisms that have been leveled, but my concern, basically, is I do not see the kind of consensus developing in the country to bring the kind of an attack on the problem that I think is necessary.

We saw what MADD could do. When the mothers got together, you saw laws being toughened up, both at the Federal and the State level. Environmentally, when the American people got mad and saw what was being done to the countryside, to the air, to the streams, some tough measures were taken. Yet, I think everybody still looks for some easy out.

I agee that part of the problem is more money, although every problem that comes before us, everybody says that money is the answer. I think that you have to use it pretty intelligently, and we don't have it in large supply. Do you have any suggestion as to the kind of amounts that you think need to be dedicated to this problem, particularly from the research point of view, Dr. Byck or Dr. Schuster?

We are spending, I think you said, $12.5 million on cocaine. I suppose that is peanuts when you see what we are spending on another serious problem, the problem of AIDS. What kind of figures are we talking about?

Dr. **Byck**. I am on the receiving end—actually, I am not receiving anything at the moment, but I could be on the receiving end, and Dr. Schuster will be giving it.

Chairman **Roth**. We will note the conflict of interest.

Dr. **Byck**. I think that one thing is certain, and that is, we have some cocaine treatment programs, and we have had great difficulty, not so much in getting approved, but in getting funded. I can't translate these millions of dollars into out grants, but I do know that we have had very, very slow funding for highly approved projects.

So it is clear that whatever amount of money the National Institute on Drug Abuse has for cocaine related research, it is not filtering down to the outside. You should recognize that there is a year to 2-year delay from the time the money is appropriated to the time the money actually gets distributed to investigators and used, which is one of the reasons I am very concerned.

If you say, let's give them a lot of money today, the first research is going to occur 2 years from now, or a year from now at the very best, no matter what they do. So if we don't do something now, we are going to be dealing with 1995.

I don't know the amounts of money, but I think that the research money probably has to be tripled. I am an individual scientist, I can't think in millions. I would be happy to think in millions, but nobody has given me a chance.

Money alone is not the answer. Intelligent use of the money, as you point out, Mr. Roth, is the answer. I think what we have to do is to get our intelligence together.

[At this point, Senator Chiles reentered the room.]

Chairman **Roth**. Dr. Schuster.

Mr. **Schuster**. I would like to briefly respond and say that I think that one of the key issues is in changing attitudes. As Dr. Byck mentioned we have very effective individuals in this country in the advertising world who have demonstrated they are able to change people's attitude and their behavior. I am pleased to say that increasingly, the National Institute on Drug Abuse is being approached by private individuals who are willing to devote large amounts of their services and their time to prevention efforts.

This next week, I will be in New York City with a group of some 30 advertising agencies who are prepared to spend time and money on changing the American public's attitude toward the acceptability of drug use. I think that this kind of effort will help to turn this around, and help to get the consensus of public opinion that you are asking for, so that we can have a really dedicated, truly effective war against drug use.

Chairman **Roth**. You see, one of my concerns is not only getting money for research which is relatively easy, although it is rather difficult right now in Washington; but the question of developing the kind of tough approach that I think is necessary, both with respect to the research and the enforcement of the law.

We have had hearings, for example, by the subcommittee, with the media coming before us. And a number of entertainers and sports figures are making tremendous contributions. On the other hand, when you talk about getting tough in some of these areas, such as if a movie shows drugs in a favorable way that it ought to be so classified, and so forth, you run into problems of the first amendment.

I think Senator D'Amato mentioned that you have to bring somebody up for trial nine times before anything can happen, because we do protect the rights of the individual, the defendant.

It is very difficult in many ways to develop the kind of tough approach that may be necessary.

Let me ask you, in the case of environmental matters, we said that plants would be closed down, even tough innocent people lost their jobs. You had the Secretary of Education recently come up with a proposal, I only read it in the paper, and I am not sure specifically what it said, but that the funds ought to be shut off from schools and institutions that do not have an appropriate program.

We were told, for example, that the growing of marijuana is a huge cash crop in many States. How can we stop that and develop the kind of consensus that I think is necessary if we sort of blink our eyes at some of the harsher measures?

Dr. BYCK. Unfortunately, the use of drugs in this country is something that is no longer considered to be bad. I think that there is an acceptance of the use of marijuana. There is an acceptance of the use of cocaine at every level of society. That is the attitude that has to be changed.

Chairman ROTH. Isn't that the nub of the problem in many ways?

Dr. BYCK. I was just in California, and everybody tells me, with no frown on their face, that marijuana is California's biggest cash crop. I don't know whether that is true or not, but the fact is that nobody said, with great embarrassment that we are now the Turkey of the West, they said it with some pride. I wonder about that.

We have to change all of our attitudes. We condone drug use, and we condone it in tobacco smoking and alcohol drinking, as well as in marijuana smoking, and cocaine using all over the place, and then we stand up in public and say that we are against it.

Mr. D'Amato, again, is serious. We are not serious.

Chairman ROTH. Dr. Schuster.

Mr. SCHUSTER. I would like to say that one of the areas that I think we can have a very positive impact on is assisting industry and the Government in establishing urine monitoring programs. There simply is no question of the fact that if you have an effective means of detecting illicit drug use amongst employees, and if companies take the hardline policy of saying, drug use is not acceptable amongst our employees, that that can be a very effective means of turning this around.

I can assure you that many of the people when they first started experimenting with cocaine, if they knew that their job was on the line, they would not be so prone to say, yes, I will try it this one time, not if they were afraid that their Fortune 500 company job would be gone on Monday if they were found to have cocaine metabolites in their urine.

I think that this can be done. I think that it has been demonstrated in the Armed Forces, where this has been very effective in decreasing illicit drug abuse, and more and more companies are doing it in the United States. NIDA can provide the technical assistance in this regard and is helping to develop guidelines for policy about it.

Chairman ROTH. My 10 minutes are up.

Senator Nunn.

Senator NUNN. Thank you.

May I ask a question of both of you. Is America more susceptible to drug use than other countries in the world? Do we have something unique about us, or are we simply the country with the most leisure time, the most money and, therefore, the most purchasing power, or indeed, are other countries experiencing the problem that we have now?

I know that Malaysia has a terrible problem, and I have read about other isolated cases. But where are we in rank with the rest of the world in this plague that afflicts us?

Mr. SCHUSTER. We cannot state specifically, or with hard statistics, but it is generally acknowledged, and I think easily demonstrated, that the United States is the No. 1 drug abusing country of the civilized countries in the world. There is just no question of that.

I would say, however, that drug abuse epidemics are developing in other areas of the world that are truly horrifying. The interesting fact about that is that they are developing around smoked drugs. I was recently in Pakistan with Attorney General Meese, and from a base of essentially zero heroin use in 1980, they now have about 325,000 young heroin smokers who are heavily addicted to the drug.

So although it is a problem in the United States, it seems to be much greater here. Availability of drug by a route of administration that produces rapid onset of effects seems to affect human beings all over.

Senator NUNN. Dr. Byck, the question is whether there is anything unique about us, why are we worse?

Dr. BYCK. I think we take out our hair shirts and obsess about it more, and publicize it more, but I think if you look at the Bahamas, or you look at Peru, or other countries, you will find that not only is there severe drug abuse, but sometimes the consequences to the country, those countries not being as strong financially and so on, are really greater, and that the whole country can be destroyed by drugs, which I hope will never happen to this country.

If you look around and see what happens in smaller countries, you really get worried and you really want to get serious.

Senator NUNN. Have we ever had any kind of drug epidemic before, going back to the 1800's or that area, have we ever had a cocaine epidemic before, or is this unique?

Mr. SCHUSTER. I will defer to the historian, Dr. Byck, who has written a book on this.

Dr. **Byck**. There seem to be cyclical cocaine epidemics. It is interesting, the drug really was introduced in Europe in 1880, or thereabouts, and following that, up until the 1920's, there was an almost worldwide epidemic of cocaine use. Then there was a recognition that this drug was really bad news. Even though the media at that time was not as good for transmitting information, little by little it was recognized and legal measures were entered into that cocaine was bad, cocaine was terrifying, cocaine was a killer drug, and usage dropped off.

Then it came up again in the 1930's, and there was again an outburst of cocaine use in different parts of the world. This would go up and down cyclicly in different places. Then the 1950's the drug disappeared entirely, and I think that it is worth recognizing that cocaine was the same thing in 1950 as it is today, although free-base was not available, which is why we are here today, and that is because of free-base or crack. But it was the same drug, and yet no one ever used cocaine. You never heard of anybody using cocaine. Even bad people didn't use cocaine. It just wasn't available.

Then, suddenly, in the 1970's it started coming up again, and it looked like there was a peak of an epidemic in the early 1980's. Then free-base comes in, and we are looking at another epidemic again. I think that this is a cyclical phenomenon, and we have to learn over and over again the lesson from history, and that is that free access to a central stimulant drug like cocaine will cause a large number of people to get into such severe trouble that it will destroy their lives—not so much kill them. I think it kills a certain number of people, but that is not where the action is. The action is in the fact that it totally destroys their professional, family, and every other form of social and psychological life, as well as causing illness. The biggest thing is the destruction of family and job, money, and all of the things we think we are living for.

This is something that is cyclical. Each time it ends, when people recognize that, son of a gun, it was bad the last time, and now it is bad again.

Wide use of cocaine is going to cause a lot of trouble. Wide use of crack is going to cause an incredible amount of trouble. We will cure from it, but we have got to make it sooner. If we let it go its route, it is going to take 10 years.

Senator **Nunn**. You mentioned that we all talk about war on drugs, and nobody really does much about it. Have you seen any kind of battle plan? Has anybody got a battle plan to present? I think that if we had one, there would be a lot of interest in it. When I say battle plan, I mean something beyond this general description, but rather dollar and cents.

Mr. **Schuster**. As you are aware there is a Federal and national strategy which has been put forth by the White House Drug Abuse Office.

Senator **Nunn**. We have heard that described here on both sides of the aisle this morning as not being effective.

Mr. **Schuster**. I am sure you are aware that at the White House currently there is a meeting going on to change our policy, to order our policy, to augment our policy in terms of having an effective approach to this problem.

I think there is no question that we need to react more strongly than we have to this, and I think that maybe we can wait to see what the White House comes out with. Certainly it is going to be within the next couple of weeks that we are going to hear about this.

Senator NUNN. We have already had an announcement that we were having a war on drugs. We have had a task force. We have had the Vice President appointed. We have had him go all over the country. We have had Mrs. Reagan being very, very involved, and she has been working hard. I know that she has spent an awful lot of her time. We have been seeing this for 5 years now.

Are we talking about something new? Are we talking about something different? Are we talking about a spin, or a twist, or a news item? What are we talking about?

Mr. SCHUSTER. I wouldn't want to presume what is going to come out of these meetings at the White House. However, I would say that even though we are facing a current problem of epidemic proportion, I think we cannot forget the fact that this epidemic would be much more widespread if it weren't for our interdiction efforts, if the drug was more freely available.

Also, I think, although, as Dr. Byck, said, the population at risk for crack and cocaine abuse is large, but it would be even larger if it weren't for our current prevention efforts.

Senator NUNN. Dr. Schuster, we had Peter Bensinger up here about 7 or 8 years ago, this was back in the previous administration, or maybe the first part of it or the end of the Ford administration, I am not sure, and at that time I asked him a question: What is success in law enforcement?

I don't remember the whole answer, but one part of it was how many over doses we were having. We were talking more about heroin then. Another answer was how much does it cost on the street. He gave the chart showing the heroin cost on the streets each year, and so forth.

If you use that same criteria for cocaine, it seems to me that we are at an all time high in terms of the availability and at an all time low in terms of cost. So clearly the battle against cocaine, from a law enforcement perspective, has fallen on its face.

Now we are talking about an educational program here, and I agree completely. I don't think that law enforcement is the whole answer. I think that it is part of it, but not the whole answer. We are talking about research. Are we really ready for a massive educational program, if at the same time we are seeing that we need to triple our research funds to know what it is that we are talking about?

If we don't know what we are talking about, it we don't know the targeted groups, then what is a massive educational program going to do? Are we ready for it?

[At this point, Senator Glenn reentered the room.]

Mr. SCHUSTER. Let me try to put this in some perspective. If you look at the senior high school survey, and the household survey, you will see that the steep part in the rise of cocaine abuse in this country took place around 1979 into the early 1980's. Since then, the number of new individuals who are becoming involved in this has remained relatively flat.

So, for example, we have gone, it is true, from about 7 or 8 percent of high school seniors having tried cocaine in 1979 to about 15 or 16 percent in 1983, but it hasn't gone up much past that. The same thing is true with our household survey, which gets at the adult population. The rapid increase in the size of the population using cocaine occurred back then, and it has been relatively stable since then at totally unacceptable high levels, please don't misunderstand.

Now, the reason why we are looking at an increase in treatment of individuals coming in for treatment, and individuals getting in trouble with the toxicity of cocaine, is because it oftentimes takes several years after an individual begins cocaine use before they get into the full dependence and the full toxic problems.

Essentially, this rapid increase in the number of Americans who are using cocaine occurred back then. Now we are seeing the consequences of it several years later. This doesn't mean that we are still not at very unacceptably high levels, but the increment part of this, I think—I think is over.

Senator NUNN. Are we ready, and do we really have the knowledge to tackle the problem on a massive basis?

I believe in mobilizing every element of society, but are we ready for it? If we are ready, then what is the research efforts needed so much for?

Dr. BYCK. I think that we are ready at one level, and that is, we have a certain degree of information about the fact, for example, that free-base smoked cocaine is something which gets people into trouble very rapidly. However, I think that the uses of information, when you try to get an indepth campaign, I think, saying very rapidly, which is all that Dr. Schuster or I can say right now, is not the same as saying, 500 people started to use free-base cocaine, and 1 month later 150 are using intensively, and so on. That is the kind of result you can get out of research.

I can be holier than thou, and say, my goodness, I told you 7 years ago that this is when the information gathering should have gone on. I think we are dealing with something that Bob really has not brought out in his testimony, and that is that superimposed on that rise in cocaine use is this change in kind of sales, and the material being sold. I think that we are in for another blip in the usage curve.

I think that we can have education because there is a certain amount we know. I think that we have to keep adding to the amount we know so that there is more that we can teach. So I think that both have to go on at the same time.

Senator NUNN. You are talking about a continuing research program.

Dr. BYCK. Yes. They are not mutually exclusive. We know from the Bahamas and Peru, if we only had that evidence, that it is dangerous, that it is bad, and we have to make it undesirable looking to everyone. The details of that, we don't know, but we can find out. Money alone is not an answer, but money and intelligence is the answer.

Chairman ROTH. Senator Chiles.

Senator CHILES. Dr. Byck, what is it about smoking crack that has caused some experts to claim that it is 50 times greater risk of addiction than cocaine taken intravenously?

Dr. BYCK. It is the very rapidity of onset of the effect. You don't have to wait around. Any cigarette smoker will tell you, if he needs a smoke. It even shows in movies, if you only watch movies of cigarette smokers. All you need is one puff, and as soon as you get the puff, then you get that relaxation. That is so much more true of smoked cocaine, and it is literally within seconds that you feel good. If you feel bad, and within seconds you can feel good, then using any other solution to your problems becomes extremely difficult.

We know that the solutions to problems that work do not come on instantly. But here is something which is available to kids, and is available to phychiatrically impaired people, as well as to the wealthy, where your problems are solved in a second. You then develop another problem very rapidly.

Senator CHILES. At what frequency level of crack use does one become physically dependent on the drug?

Dr. BYCK. I don't know the answer to that question.

Mr. SCHUSTER. No, I don't think that we have the answer to that question. I can tell you, however, that users of crack, when they come for treatment, have reported that even after a very few days they have felt the compulsion that they must have the drug.

Senator CHILES. Is it a physical dependence, as well as a psychological dependence?

Mr. BYCK. I think it is, but I don't think we have the evidence.

Mr. SCHUSTER. That is one of the problems that we face, Senator Chiles. For a long period of time, people quibbled about whether or not cocaine was an addicting drug. The reason why they did that was because the term "addiction" implied two things. Psychological dependence and physical dependence. In a sense, it is true that you are not going to die when you stop taking cocaine, as you might if you stop taking alcohol or barbiturates. You don't have convulsions, and it is not life threatening. Nevertheless, the kind of changes that people who have been taking cocaine on a repetitive basis go through when they stop, it leads to them having an intense craving to continue taking the drug, and that is the thing that is of importance. Whether you want to call it physical dependence or not, they do need that drug.

Senator CHILES. Doctor Schuster, at a recent press conference that NIDA had, you presented evidence showing that cocaine use was stable in this country. How in the world can that be at a time that we are all talking about this epidemic that we are experiencing?

Mr. SCHUSTER. I think you have to understand that NIDA collects national statistics. There can be large changes in specific locales, without that necessarily producing a major change in the national statistics. As a consequence, we can have four or five cities in the United States undergoing a very large change in terms of smoked cocaine use, but that will not show up as a huge increase in terms of the national statistics.

Senator CHILES. As part of these figures, we are talking about polling between 1972 and 1982?

Mr. SCHUSTER. Yes. You also have to realize that our household survey, for economic reasons, is only taken every 3 years.

Senator CHILES. What kind of message are we sending out there, on the one hand, when we are saying that it is an epidemic, you have your Newsweek story, you have Time magazine, the New York Times, you have everybody in the world saying that we have an epidemic, and then along comes NIDA which says that the figures are level, not to worry, and uses numbers that go back to 1982. Was that worth calling a press conference for to use these 1982 numbers?

Mr. SCHUSTER. The press conference was called to explain what cocaine's actions were on the heart, they could be responsible for the death of individuals such as Len Bias, to stress the toxicity of this drug, which has been mistakenly believed by many people in the United States to be relatively safe. That is what its major importance was.

I should also say that within the next 2 weeks, the 1985 national household survey data will be available.

Senator CHILES. In 1985, Doctor, we are talking about a phenomenon that basically has hit this country in the last year, 9 months, 8 months, 6 months.

Dr. BYCK. I agree.

Senator CHILES. What if the 1985 figures show that we are at a level use of cocaine, aren't we looking at the overdose deaths, aren't we looking at the number of addicts, aren't we seeing a deluge of arrests?

It is available not just in New York, or California and Florida, my understanding is that there are 25 States that have a crack problem now.

Mr. SCHUSTER. Let me say the following. First, we recognize that the type of epidemiological data that NIDA funds, in terms of these massive surveys for national statistics, are slow and do not keep up with the trends. However, they are of importance for a variety of reasons.

Senator CHILES. I am not saying that they are not important, Doctor. I am saying, when they get used in a story that shows that cocaine use has leveled off, I think it is a great disservice to what is happening out there, and I don't think that is correct.

Let me ask you about your advertising campaign. I am delighted to see the advertising campaign. Do you have an ad out there now on crack?

Mr. SCHUSTER. We have an ad out on cocaine. We do not have a specific ad on crack.

Senator CHILES. Your don't have an ad on crack.

Mr. SCHUSTER. No.

Senator CHILES. Do you have an ad out there that is dealing with young people and crack?

Mr. SCHUSTER. No.

Senator CHILES. Those 18 to 35?

Mr. SCHUSTER. Our massive campaign, "Cocaine, the Big Lie," obviously, we have found to be very effective.

Senator CHILES. How long do you think it will be before we can get an ad on crack? Isn't crack the biggest problem that you have in cocaine right now?

Mr. SCHUSTER. The interesting thing, sir, is that on the day——

Senator CHILES. Are you going to look at it for 10 years, and then give me an answer?

Mr. SCHUSTER. The interesting thing is that the day on which Mr. Bias' death was reported, we had on the whole day a specific ad that said, "When I took cocaine, my heart went crazy. I had to go to the hospital, and fortunately, it didn't kill me. But, boy, I sure came close."

Senator CHILES. That is a good ad.

Mr. SCHUSTER. We were very fortunate to have that available on the very day when Mr. Bias died.

Senator CHILES. Doesn't the heart rate go up even higher and faster if it is smoked as opposed to being inhaled?

Mr. SCHUSTER. As Dr. Byck pointed out, it can go up higher because you can get more of the drug in you.

Senator CHILES. So the answer to that is yes.

Mr. SCHUSTER. That is correct.

Senator CHILES. So if that ad was again going to be a little more realistic, it would talk about the danger of smoking crack?

Mr. SCHUSTER. Yes; but I would like to emphasize the fact, Senator Chiles, that cocaine is dangerous.

Senator CHILES. Absolutely.

Mr. SCHUSTER. Cocaine is dangerous. By snorting, we have demonstrated that 25 percent of the deaths that we have investigated with cocaine have occurred because of snorting cocaine, not necessarily because of smoking.

Senator CHILES. Cocaine is dangerous, but if you compare cocaine snorting to crack, it is like comparing a kitty to a skunk as far as the severity of the problem.

Mr. SCHUSTER. It is comparable to intervenous cocaine, that is absolutely correct. Most people, fortunately, will not put a needle in their arm. Unfortunately, they are willing to smoke something. It is really comparable to IV.

Senator CHILES. When are we going to have an ad on crack?

Mr. SCHUSTER. I can tell you that we will have it as quickly as we can.

Senator CHILES. I hope so.

Chairman ROTH. Senator Cohen.

Senator COHEN. Dr. Byck, I want to commend you for your statement. It was very direct, essentially saying to us, "either put up or shut up." But Senator D'Amato mentioned the problem that we have with the shortage of jail cells, and not enough institutions to put the people that we do in fact apprehend, convict, and propose for incarceration. We have no jails, so they get out on probation, or a short-term stay.

What about the shortage of institutional treatment for people who become addicted to crack? What can we do with them?

Dr. BYCK. I don't know. First of all, I don't think we have treatment facilities for the number of people who are going to get into trouble if the other countries are any indication.

Second, fortunately, I am from Yale and not from jail, so I will leave that to Senator D'Amato, I think we need treatment programs, but I also think that rushing into this with a lot of money is going to get a lot of treatment entrepreneurs who do seem to come out of the woodwork, and the probability that this money is going to be well spent is fairly small.

I think that the National Institute on Drug Abuse should look into setting guidelines for treatment programs, setting specifics for treatment programs, saying that if you don't do this or you don't have that, you are not an approved program, but something or other in terms of defining what is acceptable treatment has to be done.

Senator COHEN. What are we doing now?

Dr. BYCK. What are we doing now? I will have to ask the Government.

Mr. SCHUSTER. First of all, what Dr. Byck has said is true. Although there are treatment programs, there is no question that they are not universally effective, and we need more research into this. We are funding research currently that is looking at other forms of pharmaco therapy to get people over those first few weeks of craving. We think that certain antidepressant medications, such as tricyclic antidepressants, are effective for this purpose and they are being used now at Yale, and at other places, on an experimental basis, but nonetheless I think that it is going to work.

This takes time, as Dr. Byck also pointed out. We primarily give grants, and it takes 1 or 2 years after we give them before we get results.

Senator COHEN. Dr. Byck has mentioned that Peru has had cocaine available for 3,000 to possibly 10,000 years. Dr. Byck has also written or stated that in Peru, they have had some rather radical treatment for cocaine addiction, including frontal lobotomies. Is that something that they have derived from their experience of 3,000 to 10,000 years? Have they come to the conclusion that a frontal lobotomy is the only answer?

Dr. BYCK. I think there is a level of panic about the effects of this kind of drug use that is going on in Peru, and particularly among the upper middle class in Peru, which basically causes them to flail out with anything that seems—doing lobotomies for drug abuse treatment is absolutely insane, I think the doctors should be locked up before the patients in that circumstance, but it is an indication of the absolutely overwhelming fear that they have of this form of drug use. This was actually shown on national television, on a Cousteau television show.

They are scared out of their minds, and I think that this is the first time that this has ever happened in that country even though there has been free availability of cocaine. Something different has occurred.

Senator COHEN. I still don't know what we do with cocaine addiction. What do we do for treatment? We have had a heroin problem. But what do we do to treat cocaine addiction right now?

Dr. BYCK. There are a few, and they have had great difficulty getting funded, research programs in the treatment of cocaine abuse or addiction. A year back, there was only one, we had at Yale one program, and that was not well funded. There may be as many as three right now research programs into the treatment of drug addiction, and specifically of cocaine addiction.

I think the research has to be just as good, but we need more money for it, because otherwise we are not going to find out. One program in a country this size, one research program, one careful study, is not enough. Bob, maybe, can tell me why there was only one.

Mr. SCHUSTER. What I would like to say, Senator Cohen, is that there are treatment facilities currently available. There is no question of the fact that there are a variety of organizations or treatment units around the country who are being effective in a fairly high percentage of cocaine users. There is, nevertheless, a great need for improvement, but it is very costly.

Therapeutic communities, which take individuals in, particularly young people, they are there for years sometimes, and that is very costly. There is also a fair amount of relapse. After they leave, there is some degree of relapse to drug use.

There is no question that we need improvement, but I wouldn't want it to sound as if we don't have any treatment units currently available, we certainly do.

Senator COHEN. Thank you, Mr. Chairman, that is all I have.

Chairman ROTH. Senator Glenn.

OPENING STATEMENT OF SENATOR GLENN

Senator GLENN. Thank you, Mr. Chairman. I would ask that my opening statement be included in the record in its entirety. I do want to read a couple of short parts from it now, however.

The tragic deaths, of course, that we have talked about, that have been in the papers, have focused a lot of attention on this problem. I also want to especially acknowledge the efforts of Senator Chiles who has relentlessly sought to educate the American people on the harmful effects of cocaine and crack, as it is now known. I want to tie this back just briefly to Ohio, my home State.

In fact, the latest survey of Ohio secondary students, grades 7 through 12, shows that 78 percent have tried some kind of drug at least once—78 percent, grades 7 through 12. Since, other surveys have shown that 13 percent of all high school students nationally have abused cocaine at least once, I think that my home State of Ohio must be considered fertile ground for this silent killer.

So our task is clear. Senator Nunn was questioning when I walked in a moment ago. I think his friends and my friends at the Coca-Cola Co. will agree that somehow we must convince our youngsters, when it comes to having a good time, this kind of coke is not it.

What do we do about it? Where do we go with it? Do we just wring our hands and say that we can't do anything once again?

There are some things that can be done. Education programs, and trying to cut the demand for this, or the peer approval of it, are just vital to our efforts. Enforcement activities are another route, and stiffer penalties are yet another.

[Senator Glenn's prepared statement follows:]

PREPARED STATEMENT OF SENATOR GLENN

Mr. Chairman, within the last few weeks, the tragic deaths of Len Bias and Don Rogers have brought home the enormity of America's drug abuse problem. Today's hearing will focus on the dangers of a particular type of cocaine—"crack" or "rock" cocaine—that is as widespread as it is deadly. And I want to especially acknowledge the efforts of Senator Chiles who has relentlessly sought to educate the American people on the harmful effects of cocaine.

When I first came to the U.S. Senate, one of the issues I focused on most was the growing threat of nuclear weapons technology proliferation. We were able, after much hard work, to lessen this risk to our security.

And today we must work equally hard to lessen another kind of risk to our security—the immediate threat posed by a growing pattern of drug abuse. The "proliferation" of crack cocaine highlights, if not symbolizes, the nature of the menace we must combat. Virtually unheard of a year ago, this cheap, purified, and highly addictive form of cocaine is sweeping the country and is just now beginning to make its presence felt in my home State of Ohio. Because addiction to cocaine rocks can occur in less than two weeks, the people of Ohio—and especially our children—have much to lose.

In fact, the latest survey of Ohio secondary students—grades 7-12, shows that 78% have tried some kind of drug at least once. Since other surveys have shown that 13% of all high school seniors nationally have used cocaine at leaste once, Ohio must be considered fertile ground for this silent killer. Our task is clear—and I know that Senator Nunn and our friends at the Coca-Cola Company will agree: Somehow, we must convince our youngsters that when it comes to having a good time, this kind of coke is not it.

Cases of cocaine abuse across this Nation have risen dramatically. According to a study by the National Institute on Drug Abuse, the number of patients treated in emergency rooms for cocaine-induced illness has increased over 300% from 3,296 to 9,945, in the last four years. This figure, of course, does not include unreported or untreated cocaine-induced injuries. Deaths from cocaine use have risen from 195 in 1981 to 600 in 1985. Experts agree that much of this increase, at least in the last several months, is attributable to crack cocaine.

We must come to grips with the power and allure of this enemy. Indeed, crack cocaine is merciless precisely because it knows no bounds. It makes its mark indiscriminately on people at all levels and classes of society. Rich and poor, black and white, rural and urban—all are counted among its victims.

The true tragedy of this epidemic is its curse on our future, for it robs our country of the promise and potential of our next generation. Who can guess what intellectual discoveries will remain unknown, what artistic and cultural talents will be forever wasted, what feats of athletic prowess will never be witnessed, and what leaders will never emerge to guide this Nation into the 21st century.

I don't know if there is any way to completely eradicate this plague on our country. But there are steps we can take to reduce its devastation as much as possible.

That's why I have consistently advocated the establishment of drug education programs in our Nation's schools. In addition, we cannot afford to cut our law enforcement activities, including efforts to detect the use of illegal drugs and to prevent these substances from entering the country. Another method of combating the cocaine epidemic is to mandate stiffer criminal penalties for the use of rock and crack cocaine. Senator Chiles has introduced such a bill and at this time I would like to announce my intention to cosponsor S. 2560.

Finally, perhaps our most important tool in this fight is to raise public awareness and consciousness to the signs and dangers of cocaine and drug abuse. If the tragic deaths of basketball star Len Bias and Don Rogers, a blossoming defensive back of the Cleveland Browns, have shockingly exposed people to the realities of drug abuse, their deaths were not in vain. But we must remember that in the end, a large part of the responsibility in this effort must be borne by our families, friends, and communities.

Thank you, Mr. Chairman.

Senator GLENN. What is being done now on funding for research, and funding on education? I want to follow up on some of the questions asked here.

In Ohio, I would say once again, due to our Federal funding cutbacks, State authorities have had a lot of difficulty in conducting the necessary surveys to even determine what should be done. This is, at least in part, because of Federal cutbacks. What are we doing in this area?

Could you tell me what our research funding is in this area of education, and the whole area particularly as it regards crack?

Mr. SCHUSTER. As I have stated previously, currently, in terms of research, the National Institute on Drug Abuse provides about $7.5

million on cocaine research. In addition, our prevention efforts, which are usually more generically focused, comprise about roughly 13 percent of our total budget.

This has, unfortunately, been decreased in the past year because of the Gramm-Rudman cutbacks. Nevertheless, it is around 13.9 percent of our total budget in prevention. Some portions of that are cocaine, and others are devoted to our "Just Say No" Program, which I think is a more generic program. You referred to peer influences, and this is a program that is designed to teach children how to resist peer influences, whether it is crack, or whether it is any other drug.

Senator GLENN. On the Gramm-Rudman cutbacks, did you actually have cutbacks as a result of Gramm-Rudman in your education program?

Mr. SCHUSTER. Yes, sir. The National Institute on Drug Abuse prevention efforts come out of our line item called direct operations. Direct operations also include rent, utilities, and so forth. When it was required that we have the 4.5 percent decrease in each of the line items, only those items which could be squeezed got squeezed, and this resulted in about a 19-percent cut in our prevention efforts.

Senator GLENN. Were you given any leeway there as to what programs could be cut or reduced under Gramm-Rudman, or did you have to just take a percentage cut right on down the line?

Mr. SCHUSTER. In terms of line item budget, the percentage had to come out of that specific line item, direct operations. As I said, there are some fixed costs which you simply can't cut, such as our rent.

Senator GLENN. The actual programs out there affecting people did get cut.

Mr. SCHUSTER. That is correct.

Senator GLENN. I just think that it is tragic, and I think that it points out the fallacy of Gramm-Rudman, which I voted against on this very basis; I thought we should be making our judgments on what the country requires, not on some mindless auto-pilot cuts across the board.

I think this just points out that example. Here we have something that is being pointed out as a drastic thing for our country, a terrible thing for our young people—as I said before, 78 percent of our kids in Ohio have tried drugs by the time they get out of high school—and then we go into these mindless budget cuts, where we are not to put any judgment whatsoever on where the Federal dollars are being spent—you are required right down the line to go ahead and make your cuts. I think that it is tragic for the kids of this country.

Thank you, Mr. Chairman.

Chairman ROTH. Thank you.

Senator D'Amato.

Senator D'AMATO. Thank you, Mr. Chairman.

Dr. Schuster, in May, the Senate in its budget resolution included an additional $100 million a year for the next 3 years specifically for drug prevention and education and rehabilitation. Has your agency been speaking to any of the people in the administration and the Senate in regard to the allocation of those dollars?

Have you presented to Senator Weicker's subcommittee of the Appropriations Committee a plan for the implementation of the kind of program that Dr. Byck talked about?

Let me say, for the record, there were a number of my colleagues in the Senate who had to vote for that resolution because we took the money from the furniture account. We said, you spend $300 million less on furniture and put it into the area of drug education and prevention and rehabilitation.

What have you done in furtherance of that? Are we going to have a situation where most of that money gets locked away in the block grant funds, gets sent to the States and we have nothing being done?

Mr. SCHUSTER. We have been cognizant of your activities in this regard.

Senator D'AMATO. I don't care about my activities. I want to know what you have been doing now that we have put that money aside. Are you lobbying for that money so that you can say, we can use these dollars in a particular manner for education. We don't have a national program where we can say, this is a model education program that can be effective in the grade schools. We don't have a model program that says, this is particularly effective as it reaches the critical area in the sixth, seventh, and eighth grades and junior high schools.

We don't have a program where we can identify two or three or four treatment modalities, and there are some programs that have been doing some extraordinarily fine work. But nationwide, I am afraid, as Dr. Byck said, if we just throw money, we are going to have a lot of entrepreneurs come in, a lot of storefronts open up, and we are not going to really be giving the American people what they need. We will not be mobilizing correctly.

So what are you doing now to lobby and work for these dollars now that the budget authority is there? Are we just going to all get into the tank together and talk nice platitudes and do nothing?

Mr. SCHUSTER. Well, sir, I would first say that I have not been lobbying.

Senator D'AMATO. Why?

Mr. SCHUSTER. Why?

Senator D'AMATO. You said you need money.

Mr. SCHUSTER. Yes; that is correct.

Senator D'AMATO. You said that you desperately need money. We allocate $100 million, actually $300 million, $100 million each year, why haven't you been lobbying,

Mr. SCHUSTER. What we have been doing is to formulate plans in terms of how this money would be utilized.

Senator D'AMATO. Who is formulating the plan?

Mr. SCHUSTER. We have been at the National Institute on Drug Abuse.

Senator D'AMATO. You think you are going to get the whole $100 million?

Mr. SCHUSTER. No; I didn't say that. We have a number of plans.

Senator D'AMATO. By the way, I would like you to get the $100 million, but I also want you to work for it, lobby for it.

Mr. SCHUSTER. We wouldn't mind either. What I would say to you is that we have, on the basis of that, formulated what we would do in terms of a different contingency plan depending on the amount of that money that we get.

A major effort, as I said before, that we are interested in is in prevention. We wish to increase our prevention activities. As you know, this is extremely costly.

Second, in terms of the development of teaching tools and educational programs, we have been very active in this area, and we are still continuing to meet with people at the Department of Education.

Senator D'AMATO. Dr. Schuster, I must suggest to you that when you tell me that in the area of education and teaching that you have anything that really approaches a meaningful program, I would like to know about it. I have been working with your people for 2 or 3 years now, and I haven't seen anything.

Mr. SCHUSTER. Well, sir, we have—I can provide you with a list of 40 different teaching programs which have been put forth both by private sector individuals as well as by the Federal Government. I can easily provide you with six which have been evaluated by both NIAAA and NIDA for their efficacy. I would be pleased to do that.

As I am sure you know, they are being utilized in your home State. I am not here to say, however, that there is not great room for improvement in all of these activities, nevertheless, there are curricula that are available and that are being used.

Senator D'AMATO. Unfortunately, what I sense is a part of the same defensiveness that we see at the local level, when we view the courts, where they have a drug dealer—a real dealer, not a kid who sold for the first time, and not an addict dealer—and just put him out on the streets because they don't have enough room. The judges have been told, "Don't send them to prison because we don't have enough room."

We see the defensiveness of the Defense Department, where they say it will impair our military readiness. It is the same situation with the Drug Enforcement people. They are held to strict accountability by OMB. Therefore, they don't get enough agents. Now we hear you talking in glowing terms about the educational programs which are nonexistent.

I really wonder when we are going to get some people who are going to say, my gosh, I see a nation in trouble, in turmoil. You know what, I am not afraid to stand up for the people and for the country. I will rock the boat. Let me tell you, if you don't do it, Doctor, and some others of your colleagues don't stand up, don't all play a part in attempting to mobilize a total effort, which is not just governmental, which has to be private sector as well, then we are in deep trouble.

So Doctor, let me just leave you with this thought. Don't be afraid of OMB. What are they going to do to you? Don't be afraid to stand up. For God's sake, we are talking about our country. Are they going to banish you to some place? If you need more money, stand up and say it, and let's use it wisely.

We have the admirals playing the game. We have the military playing the game. We have good, decent law enforcement people playing the game. They are all afraid to stand up and say, give us the resources to conduct the battle.

Mr. Chairman, I have spoken too much, but I would hope, Doctor, that you would break that pattern.

Thank you, Mr. Chairman.

Chairman ROTH. The time is moving very rapidly, and we have a number of other witnesses. I want to, at this time, express my appreciation to you, Dr. Byck and Dr. Schuster, for your being here and for your helpful testimony. I hope that when you come back 4 or 5 years from now, you won't have the same message that you have today.

Our next witness is a former crack house employee and a onetime drug user. There is concern by law enforcement that the witness may be at risk because of his testimony. For that reason, he will be testifying under an assumed name, Michael Taylor, and from behind a screen.

I ask everybody to pay attention because it is important that we move as expeditiously as possible. Prior to his entering the room, I would ask that all cameras be turned face down, or relocated away from the area in front of the screen where the witness will be seated.

Once that is done, I will ask that the room be quickly cleared prior to bringing in the witness. Would you please remove the cameras and immediately begin to clear the room until the witness enters?

[Recess.]

[Members present at the time of recess: Senators Roth, Cohen, Nunn, Chiles, and Glenn.]

[Members present after the taking of a brief recess: Senators Roth, Chiles, and Glenn.]

Chairman ROTH. The subcommittee will please be in order.

I want to welcome you here, Mr. Taylor. Under the rules, every witness is sworn in. I am going to ask you to stay seated when you are sworn in, but if you would raise your right hand.

Do you swear the testimony you will give before this subcommittee will be the truth, the whole truth, and nothing but the truth so help you God?

Mr. TAYLOR. I do.

Chairman ROTH. Thank you, Mr. Taylor.

I am going to ask you to pull your microphone closer to you and speak directly into it. I want to point out that Mr. Taylor is appearing here voluntarily. We appreciate your doing that. We appreciate your willingness to be helpful to this panel in considering this very difficult problem of cocaine.

[At this point, Senator Nunn reentered the room.]

Chairman ROTH. Mr. Taylor has agreed to testify about his own experiences in the cocaine trade. He has learned firsthand what a destructive drug it is, particularly in the pure, crack form, and he wants to help combat it. He would like others to learn from his mistakes.

Mr. Taylor, with that opening, again I want to say, we appreciate your being here. We want you to be at ease, and please proceed with your statement.

TESTIMONY OF MICHAEL TAYLOR (ASSUMED NAME), FORMER EMPLOYEE OF CRACK HOUSE

Mr. TAYLOR. I am willing to testify today about my 5 years as a worker in various crack houses in the Washington, DC, area.

I am 29 years old, and I began using drugs when I was 13. I began to sell drugs when I was about 20 years old. In 1981, when I was 24, I began working in crack houses.

Crack is not something new. It has been around for as long as I can remember. It is called base in the streets. It is getting so much attention because it is so cheap today, anybody can buy it, and anybody can smoke it. Cocaine is no longer a rich man's drug.

But if you smoke base, you can expect to become addicted, and if you are addicted, it doesn't matter how rich you are, eventually you will go broke. I have seen crack users spend all their savings, lose their homes, sell their furniture, TV and radios, and, in the case of some women, offering their bodies, all for more crack cocaine.

I don't think that I am exaggerating when I say cocaine is everywhere in Washington. It is easy to buy and easy to find in crack houses.

I did very well in the crack house business. I made more than $100,000 a year, sometimes closer to $200,000, in crack houses where I performed various jobs. At one time, I placed orders from a home on Rhode Island Avenue NE, and met the buyer at the neighborhood subway station, but usually I was used as a cook.

The "cook" is the one who takes the cocaine powder and uses a heating method to turn it to cocaine base, which is basically pure cocaine. Users take the cocaine base by smoking it. This is known as freebasing. The word crack comes from the small plastic container the base is sold in.

When I was making a lot of money, I spent it recklessly—on clothes, cars, apartments, and gifts for girlfriends. I did not save any money and have nothing left.

The most profitable crack house I worked in was a three-story home on Fairmont Street NW, Washington. There was cocaine use going on on every floor. Another profitable crack house I worked in was a home on Orleans Street NE, Washington.

I worked in a crack house in Silver Spring which was a two-bedroom apartment in a luxury high rise.

Other crack houses were in Washington on New Hampshire Avenue, H Street NW, V Street NW, and Maryland Avenue NE, about 10 blocks from this building.

Customers at these crack houses included persons of all races, colors, and walks of life. I cooked crack for lawyers, doctors, firemen, Government workers, laborers, prostitutes, pimps, thieves, and drug dealers. Inner-city users range from 17 to 30 years of age. Suburb users at crack houses range from 19 to 50 years of age, a much higher paying clientele.

It would be common for a person to enter a crack house carrying from several hundred dollars to several thousand. An individual purchase of crack in one of these establishments would range from $25 to $100.

A hundred dollars would get you enough cocaine base to keep you high for about an hour. At that rate of consumption, a customer who stayed all night could easily run up a $1,000 bill. Or a customer might return periodically throughout the evening and into the early hours of the morning.

For example, a prostitute might work the streets all night, returning to the crack house each time she put together a purse of $200 or $300. Some crack houses specialize in women customers only, allowing no men inside and catering primarily to prostitutes. Men run such crack houses.

In crack houses where the customers tend to be employed in well-paying jobs, the crack house proprietor would accept checks as payment. This was the case at the Silver Spring high rise.

In addition to the cook who converts the cocaine powder to the base form, crack houses also employ a manager, who takes the money, a man who carries a gun or several guns, a bouncer, a man who answers the phone, and several lookouts, who watch for police.

Frequently, the lookouts are young teenagers, who are paid very well. Crack house employees can also be paid in cocaine. I was always paid in cash, but some people preferred to be paid in dope. At the Silver Spring apartment, I was paid $1,400 in cash for weekend work. Some cocaine users who frequented the Silver Spring crack house tipped me with money and cocaine. I generally resold the cocaine I was given and pocketed the money.

Sometimes credit is extended to a user who runs out of money. Sometimes the user has spent a lot of money, like $500, in a night. He will be given a half gram on the house, but that is about all the free merchandise customers are given. In inner-city crack houses, credit is not extended, checks are not cashed, and management is impatient with deadbeats.

But no matter where the crack house is located or what the social and economic level of the customers, the only reason for the establishment is to make money. When you run out of money, you leave the crack house. If you don't leave on your own, you are asked to leave or thrown out.

If a user falls behind in his payments by several hundred dollars, he can expect to be beaten up, or to have his legs broken. Cocaine dealers and crack house owners will have a user murdered if his debt gets much beyond $2,000, and sometimes less.

It is somewhat cheaper to smoke cocaine at home. But users go to crack houses because they enjoy the presence of other users. It is like alcohol consumers who like to drink in the company of other drinkers in a bar, rather than at home alone.

People smoke cocaine at crack houses because supplies such as pipes, screens, and torches are provided. Also, most people do not know how to cook cocaine and do not want to risk ruining their purchase. Therefore, they visit crack houses where everything is done and provided for them.

Socializing goes on to a certain extent. Cocaine smokers may see friends in crack houses, men may make dates with women, or users may go to crack houses because they are fascinated with the sight of watching other people get high.

Smoking cocaine base is bad for the user's health. The drug speeds up your heart to the point where you can feel it beating.

People can suffer from heart attacks from smoking pure cocaine. I lost a good friend to crack house use. She took a very strong hit and died from a heart attack. I know of four others who have had heart attacks. I have also seen users become quite ill from cocaine use.

Cocaine smokers develop what I call a cocaine cough. They also lose weight rapidly. A weekend in a crack house can result in the user eating almost no food and losing 10 to 20 pounds.

I was considered a reliable crack house cook. I did not let my drug use interfere with my responsibilities. But when not working, I continued to smoke cocaine and take other drugs. When I first began to smoke cocaine base, I did not know what an addictive drug it is. Now I know.

But I learned too late. By that time, I was addicted, not only to the cocaine, but to marijuana and alcohol as well. At one point, I was using about three grams of cocaine per day which is $300 to $400 habit. I hated myself. I felt rotten all the time. Cocaine addicts don't sleep restfully. Their sleep is more like a coma and you awaken with a bad hangover. You feel good only when you are high.

I lost weight. I became suicidal. I saw myself as being nothing more than a drug addict, which is as low as anyone can get. As a person, I had no worth, except that I was labeled a junkie. I was tired of being labeled. I wanted to become a person of value.

I entered a treatment program. I went off of cocaine and other drugs cold turkey. I used no legal drugs to help me through withdrawal. It was a great challenge and it remains a great challenge to this day. But so far I have succeeded. Today, I am drug free.

I have been off of drugs for 6 months, but not a day goes by that I don't think about drugs. It is a battle I am sure I will wage with myself for the rest of my life. I have to avoid my old friends and my old neighorhoods, and my old ways of looking at life. I am trying to find honest work, preferably helping other addicts break their habits.

I would like to see police close down all crack houses and lock up all dealers. I would like to see all addicts cured. That is why I have agreed to testify today. I will try to answer any questions you may have for me.

Chairman ROTH. Thank you, Mr. Taylor, for your very informative statement.

What methods are used by crack dealers and crack house operators to avoid detection and arrest by the police?

Mr. TAYLOR. Excuse me?

Chairman ROTH. How do crack dealers, people who sell crack, or operate crack houses, how do they avoid detection from the police, avoid being caught by the police?

Mr. TAYLOR. Most big dealers will use youth to sell their merchandise, or they will use other people, therefore, they are not out there on the street or in base houses. They do most of the supplying through the youth and other people. They have runners.

Chairman ROTH. Let me ask you this. What is told to kids about crack cocaine to get them to try it? How old are the young people hooked on the cocaine, and what prompted them to start using it?

Mr. TAYLOR. Most of them are fascinated by watching somebody first hand smoke the cocaine. It is just like being curious like a cat, they want to find out what the effect is. If a young teenager, about 17 or 16 years old, is permitted in a crack house by maybe somebody older, they get to see it first hand. Just like anybody else smoking a joint or a reefer, they will try it.

Chairman ROTH. What would be the best thing you think we could do to inform young people, kids like yourself when you first started using it, to keep them from taking that first try?

What can we do that would be effective in convincing young men and young women not to use cocaine? Do you have any suggestions?

Mr. TAYLOR. I have one suggestion, The suggestion is to make it known that it is serious, and it is epidemic, and it is habit forming, and it can kill. I would let it be known that it is no joke to be playing around with cocaine, pure cocaine, any form of it. I would put stricter laws on cocaine and the crack situation, and cocaine, period.

It is widespread and it is an epidemic at this point. It is the best solution I have at the moment.

Chairman ROTH. Do you think that there should be programs in the schools themselves?

Mr. TAYLOR. Yes, I do.

Chairman ROTH. Would TV programs be of assistance? Would the young people listen to a TV program discouraging and telling the facts that you mentioned?

Mr. TAYLOR. Yes, it would be helpful, very helpful.

One other thing I would like to say is that they should show how harmful it is to people—I am not saying showing somebody hitting some base, which they would think is funny, but it is not funny. To see someone actually ill from it, and the ill effects from it, I think that this would change a lot of minds about venturing into it.

Chairman ROTH. In other words, televise shows demonstrating what happens to the individual?

Mr. TAYLOR. Yes.

Chairman ROTH. I am going to limit the first line of questioning to 5 minutes.

Senator Nunn.

Senator NUNN. Thank you Mr. Chairman.

Mr. Taylor, we appreciate your being here today.

Did you drop out of school, or did you go through a certain degree of education?

Mr. TAYLOR. I dropped out in junior high, but I have obtained my GED through Job Corps.

Senator NUNN. We don't need to go into any more detail, I just wondered. You did drop out at an early stage.

Mr. TAYLOR. Yes.

Senator NUNN. You say, in your testimony, that crack is not something new, it has been around a long time. But you say that the difference today is that it is much cheaper.

Mr. TAYLOR. Yes, it is.

Senator NUNN. Do you mean by that that crack is much cheaper than the old form of cocaine, is that what you mean?

Mr. TAYLOR. Cocaine is cheaper.

Senator NUNN. Cocaine itself is cheaper now. Why is that? Is there more supply out there?

Mr. TAYLOR. There is an abundance of supply.

Senator NUNN. So it is not just crack that is cheaper, but cocaine itself is cheaper.

Mr. TAYLOR. Yes. You have to have cocaine in order to get crack.

Senator NUNN. That is why you say that cocaine is no longer a rich man's drug, it is available to people in lower economic groups; is that right?

Mr. TAYLOR. Yes.

Senator NUNN. When did this occur? You say that you have followed this since you were 13 years old, you have been a drug user, and you have been engaged in this for many years. When did the drugs, or cocaine particularly, start getting cheaper?

Mr. TAYLOR. I would say about 5 years ago.

Senator NUNN. It has been noted that use has picked up noticeably since it got cheaper.

Mr. TAYLOR. Yes.

Senator NUNN. What would a gram of cocaine cost now compared to, let's say, 5 years ago?

Mr. TAYLOR. Five years ago, it was about $200.

Senator NUNN. What would a gram be now?

Mr. TAYLOR. It would be $100.

Senator NUNN. So it has gone down about 50 percent.

Mr. TAYLOR. Yes.

Senator NUNN. Do you have any rough estimates, just based on your knowledge and observation, of how much cocaine use has gone up in that same period of time during which the price has gone down from $200 a gram to $100 a gram?

Mr. TAYLOR. I say that the use of cocaine is up by 100 percent.

Senator NUNN. So it is about double. The price has gone down about half what it was, and the use has gone up about twice what it was.

Mr. TAYLOR. Yes.

Senator NUNN. You also mentioned that you went cold turkey. You came off of it with no drugs, no help at all. Were you under a health care when you did that?

Mr. TAYLOR. Yes, I was.

Senator NUNN. How much physical pain did you have? Did you have physical withdrawal?

Mr. TAYLOR. I had physical withdrawal. I had mental withdrawal, too.

Senator NUNN. What kind of physical—can you describe to us the feeling?

Mr. TAYLOR. Most of it was in my stomach. I had trembles, throwing up, pains in my side, my ribs, cramps constantly.

Senator NUNN. So it was a painful experience to withdraw?

Mr. TAYLOR. Yes, it was.

Senator NUNN. How long did the type of pain last?

Mr. TAYLOR. It lasted me a week.

Senator NUNN. About a week?

Mr. TAYLOR. Yes.

Senator NUNN. After that, there wasn't much physical pain?

Mr. TAYLOR. There was no pain at all, and I started working on building my body up and getting healthy.

Senator NUNN. What about the psychological effects?

Mr. TAYLOR. The psychological effects still were there, but I worked on it mentally in getting it out. You are always going to have thoughts of drugs.

Senator NUNN. So you still have somewhat of a craving for drugs even today?

Mr. TAYLOR. Not so much of a craving, but the thought is still there.

Senator NUNN. You still think about it.

Mr. TAYLOR. Yes.

Senator NUNN. You mentioned also, Mr. Taylor, that cocaine dealers and crack house proprietors will have a user murdered if his debt gets much beyond $2,000.

Mr. TAYLOR. And sometimes less.

Senator NUNN. You know this from your own experience?

Mr. TAYLOR. Yes, I do.

Senator NUNN. You know people who have been murdered?

Mr. TAYLOR. Yes, I do.

Senator NUNN. You know people who caused that?

Mr. TAYLOR. Yes, I do.

Senator NUNN. Is this large scale, or has it happened often?

Mr. TAYLOR. It is everyday business.

Senator NUNN. Is that happening here in Washington?

Mr. TAYLOR. Yes.

Senator NUNN. What is the purpose in murdering someone: they can't pay after they are dead. Is it simply to make an example to other people?

Mr. TAYLOR. Yes.

Senator NUNN. So they want it to be known.

Mr. TAYLOR. Right.

Senator NUNN. Mr. Taylor, we appreciate very much your testifying, and we congratulate you on going through the tough, but rewarding experience, of shaking the habit. I hope that you continue down that path.

Mr. TAYLOR. Thank you.

Chairman ROTH. Senator Chiles.

Senator CHILES. Mr. Taylor, tell me about the youths who are employed at the crack houses, what are their duties, and how are they recruited?

Mr. TAYLOR. No one is recruited. It is like an advertising business. You have the best cocaine, the best crack house, people are going to come. You get known mostly by the people on the street, and mostly the youth play a great part in that.

A crack house in the neighborhood is no secret. Once one person knows, other people are going to know. They will take their friends, and somebody else will take their friends. It is a place like a bar, you can go there and have a drink, and you socialize, and they go there and socialize and smoke.

There is no recruiting stage. Nobody recruits nobody in. It is just like a bar.

Senator CHILES. So they are applying, really, they are seeking the job, the young people are?

Mr. TAYLOR. Right.

Senator CHILES. How are they paid?

Mr. TAYLOR. They get paid very well. You have lookouts, and you have workers inside. They get paid very well. Sometimes you can make over $100 a night, or more.

Senator CHILES. How young might they be?

Mr. TAYLOR. Fourteen or fifteen.

Senator CHILES. Fourteen or fifteen.

Mr. TAYLOR. Sixteen, it doesn't matter. They could be 10 years old.

Senator CHILES. How many of those, would you say, are addicts or using the drug?

Mr. TAYLOR. Mostly the younger youth are not too much inclined to be smoking cocaine. They like to be dressed up with gold chains, and nice outfits. Most of them like to go to school dressed well, and the crack house means money in their pocket to buy these things. Most of them are recruited because they want the money. If they are poor and on welfare, and their parents are not able to get it, helping a dealer is a good opportunity.

Senator CHILES. Do some of them later try it like you did, and become addicts?

Mr. TAYLOR. Yes, they do. Many of them try it. Down the line, if they are working, eventually they will try it.

Senator CHILES. Once they try it, they get hooked?

Mr. TAYLOR. It is a very strong high. Yes, they do.

Senator CHILES. How many times do you think someone has to use this to be hooked?

Mr. TAYLOR. It can be their first time, or their second time. With me, it was my second time.

Senator CHILES. Your second time.

Mr. TAYLOR. Yes. The first time, I didn't feel it, I didn't understand the high. The second time, I felt it. I have seen people do it for the first time, and they love it.

Senator CHILES. Do you have any knowledge of who owns the crack houses in this area? I am not asking you who they are. Are they individually owned, or do major operations have many houses?

Mr. TAYLOR. A dealer, most of the time, will not really own his own crack house in the inner-city part of town. He will use somebody on welfare, or somebody else. He may offer a job to the owner where he can make $300 to $400 a night, and he can offer him cocaine or dope for payment. He will take over from there.

Senator CHILES. Does anybody employed in the houses know the supplier, or the owner of the house?

Mr. TAYLOR. Would anybody know?

Senator CHILES. Somebody who is just working there. If you are working in the house, would you know who is supplying the cocaine, and who owns the house?

Mr. TAYLOR. Yes.

Senator CHILES. You would.

Mr. TAYLOR. Yes.

Senator CHILES. Where do most of the cocaine suppliers in DC get their cocaine?

Mr. TAYLOR. Florida, New York, Philadelphia, Baltimore, any port town.

Senator CHILES. You said that people in the neighborhood, or people just know that a crack house is there, it is generally known. Are you seeing anything happen in the neighborhood that the people who live in that neighborhood are getting fed up, and they are saying, we are going to do something about this, or is that happening up here at all?

Mr. TAYLOR. In most of the neighborhoods, yes, they are, but most of them are afraid. It would mean going after the drug addicts, and most people on the streets are drug addicts and if they are not drug addicts, they fear for their life. There are murders in the neighborhoods, people getting killed, and things like that. Not too many people are going to talk about that. Although they are afraid, and they want to do something about it, to retaliate against them, they will be retaliating against the youth in the neighborhood, the drug dealer himself, and his people who work with him. So there is a lot of fear right there.

Senator CHILES. So they actually do enforce that fear.

Mr. TAYLOR. Yes, they do.

Senator CHILES. Thank you.

Chairman ROTH. Senator Glenn.

Senator GLENN. Thank you very much, Mr. Chairman.

Mr. Taylor, let me make sure I understand what you are really telling this committee. As a former user yourself, you are saying that you very firmly believe that if a person smokes crack cocaine, that that person very likely can become an addict even on the first try.

Mr. TAYLOR. Yes, I am. Yes, he can.

Senator GLENN. You are saying that you have seen this happen to all types of people, doctors, lawyers, firemen, students, young people. Is that correct?

Mr. TAYLOR. Yes.

Senator GLENN. You have also said that cocaine dealers will break the legs and even murder people if they fall short of quotas or their payments for the drug, and kill them if their debts as little as $2,000. Is that true?

Mr. TAYLOR. It is very true.

Senator GLENN. What steps do you think a person goes through? Do they start out just using beer, liquor, alcohol, and then into drugs? Is there any process, or do many people go straight on the drugs without any intermediate step?

Mr. TAYLOR. No, not really. You have alcoholics, and you have drug addicts. Most of the time, in neighborhods, just like you have PCP smokers, and reefer smokers only, most of us start on drugs, maybe something small like marijuana. Like me, I went from step to step. I went from marijuana to PCP to LSD to cocaine. Heroin was presented to me at one time, but I was always scared of it.

If people feared drugs more so like I feared one drug, they wouldn't attempt to mess with it. It can be a step-by-step process. During the time that I was growing up, there was a lot of peer pressure on me to be accepted and have friends. I just picked the wrong ones to be accepted by.

You are with your friends, and they try this, and I might say no. Eventually, if you stay around them, they will say, it isn't going to hurt you, you try it. When I first tried marijuana, I enjoyed it. It led me on to other things because eventually I couldn't get high off of marijuana any more, so I went to something more powerful and more potent, which was PCP. I was even hopsitalized for PCP. Yet, I would come back out and try it again.

Senator GLENN. School programs and attempts at education, are they sort of looked at by young people as sort of a joke, or do you think that those programs are effective?

Mr. TAYLOR. Some programs are very effective. I have seen some of the youth in the neighborhood wearing shirts that say, "Don't Mess with Drugs," and a lot of them are turning their heads on them. There is a lot of peer pressure on them, and there is so much drugs in the neighborhood itself, even in residential neighborhoods there is drugs on the corner, drugs on the playground.

Just the other day, I walked to the playground to play some basketball, and before I could even get in the gate, they were offering me PCP and marijuana.

Senator GLENN. We deal in vague terms around here sometimes. We talk, about education programs, and we hope that helps solve it. But how do you develop a peer pressure not to use drugs?

It seems to me that if the peer pressure to use them is there, how do we do that? Do you have any suggestions for us? School programs, or community-based programs, or working with parents, are there other areas that we are not doing now that you can suggest we could do?

Mr. TAYLOR. I think that it starts in the home, very much so. If I didn't have a strong home, a mother that cared for me, I might have been dead, and not talking to any of you. I think that it starts in the home, and the education at home. If the children are not getting their education and their discipline at home, they are led astray by things they see on TV. They are doing things, and they are rebelling against their parents.

Senator GLENN. You were lucky. You had a concerned parent. What about kids who just don't have that kind of pressure at home?

Mr. TAYLOR. When they don't have the kind of support from their parents, or somebody there to give them that discipline or strong mind, there are a lot of kids out there that don't have a father image. I was one of those kids who didn't have a father, I had a mother. Being a mother, and bringing up five kids is a hard job. She had to play mother and father, and she can't play both parts and work. So it leaves the kids out there in the street, to rip and run, and to venture out on their own. Therefore, they get influenced by older peers, and peers of their ages.

Senator GLENN. My time is up. Let me just say, you said a little while ago that it probably will be tough for you for the rest of your life.

Mr. TAYLOR. Yes, it is.

Senator GLENN. I was at a drug and alcohol rehabilitation center just a short time ago. I know from talking to some of those people how tough they view their difficulties are going to be. All I can say is, we sure wish you well right here. Just don't let it get you again, hang in there.

Mr. TAYLOR. I am going to do all I can.

Senator GLENN. Good luck to you.

Senator NUNN. Let me just add one thing. You are a smart fellow, we can tell that by your testimony and your answering of the questions. You have a bright future if you apply yourself. You have plenty of ability. Good luck to you.

Mr. TAYLOR. Thank you.

Chairman ROTH. Mr. Taylor, I think, that Mr. Rinzel has one or two questions that he would like to ask.

Mr. RINZEL. Thank you, Mr. Chairman.

Mr. Taylor, you worked, according to your testimony, at a large number of crack houses in the Washington, DC, area. Were you ever concerned about getting arrested? What kind of steps did you take if you were concerned?

Mr. TAYLOR. There was always a concern about being arrested in the crack houses, getting the door knocked down. But most of the crack houses had very good security. When I say security, I mean we had youth on the street, we had bars, and we knew exactly when the police was coming.

Mr. RINZEL. You had kids on the street as lookouts?

Mr. TAYLOR. Yes.

Mr. RINZEL. You had bars, entrances were barred up so that it would be harder to get in?

Mr. TAYLOR. Yes. By the time they knocked the door down, we had a second exit, not the back door, but a side exit running into another building.

Mr. RINZEL. Did you ever get raided or have the police come in?

Mr. TAYLOR. Yes, on two occasions.

Mr. RINZEL. What happened?

Mr. TAYLOR. We escaped from the side exit.

Mr. RINZEL. So you didn't get arrested at that time.

Mr. TAYLOR. No. But due to a police raid, we would immediately flush the merchandise down the toilet. The only thing that they could get us for is if they find any drug. Most of the drug would be flushed down the toilet, and the only thing we would have to deal with is the paraphernalia, like pipes and stuff like that.

Mr. RINZEL. That would be a very short jail time.

Mr. TAYLOR. We would be out in 10 minutes.

Mr. RINZEL. Thank you, Mr. Chairman.

Chairman ROTH. Just one final question, Mr. Taylor. Can you buy other kinds of drugs at these so-called crack houses, or do they pretty much concentrate on crack.

Mr. TAYLOR. No. Mostly they are concentrating on crack and cocaine, powder form and already capped form.

Chairman ROTH. Again, Mr. Taylor, I want to thank you for being here. I must say, I would like every young man and woman to have the opportunity to read your statement today. I think that it would be extremely informational and educational.

If you will stay seated there, we will clear the room.

Everybody will please leave for a brief period.

[Recess. Members present at the time of recess: Senators Roth, Chiles, and Glenn.]

[Members present after the taking of a brief recess: Senators Roth and Chiles.]

Chairman ROTH. The subcommittee will please be in order.

We have a panel of two, and I am going to ask Senator Chiles if he would introduce them, and swear them in.

Senator CHILES. Thank you, Mr. Chairman.

I met our next two witnesses recently in Florida at their drug treatment center. Charles Jackson and Don Hair told me about their struggle with drugs, and I was most impressed by their frankness and their courage. I am grateful that they have agreed to educate us about the dangers of rock and crack, and hopefully others will hear their testimony and stay clear of these forms of cocaine.

With Charles and Don is Bob Neri, a drug counsel, and the director of the residential treatment center, PAR. We appreciate his assistance in arranging for Charles and Don to join us today.

Charles and Don, if you will both rise. Do you swear the testimony you are about to give to the committee is the truth, the whole truth, and nothing but the truth so help you God?

Mr. JACKSON. I do.

Mr. HAIR. I do.

Chairman ROTH. Thank you, Senator Chiles.

I believe that both of you have a prepared statement. Which one of you would like to begin?

TESTIMONY OF CHARLES JACKSON, REFORMED USER, ACCOMPANIED BY BOB NERI, DRUG COUNSEL AND DIRECTOR, RESIDENTIAL TREATMENT CENTER, PAR

Mr. JACKSON. My name is Charles D. Jackson. I am 26 years old. I live at Operations PAR, a drug therapeutic community in Largo, FL.

I was trained as a journalist and looked forward to a promising career in the newspaper business. Then I began to use cocaine and went on to smoke crack. I became addicted. I turned to robbery to support my crack habit. My career was ruined.

I was born in Sanford, FL, near Orlando. My parents are retired garment workers. I graduated from Florida State University in 1981 and also studied at Florida A & M University.

I started smoking marijuana socially while at the Seminole High School in Sanford. While a college student, I continued to smoke marijuana. I did not use cocaine because I was aware of its damaging effects. This was at the time of the Richard Pryor accident.

After college, I got a job as sports editor of the Melbourne Times, a weekly, and continued to smoke marijuana socially.

In 1984, while sports copy editor of the Tampa Tribune, I began sniffing cocaine with friends. I didn't buy the drug, but used it when friends supplied it for me.

In 1985, at the height of my career, I began buying cocaine powder, putting it in cigarettes and smoking it in the form of free basing. The high wasn't potent enough for me. A friend, who I knew in high school, introduced me to free basing rock or crack cocaine. I liked the rush it gave me. I didn't think I would be addicted.

One night in September 1985, I smoked crack cocaine from 11 p.m. to 5 a.m., with other users. One of them was a drug dealer whom I had met that night. Since that night, I have a strong craving for the drug.

Within 2 months, my craving for crack cocaine turned into a $150 to $200 a week habit. I thought I could handle it. But I got behind in paying my bills, and I had to borrow money from members of my family, credit unions, and a bank. Some of the money I borrowed was for drugs, and I was never able to balance my budget.

I had constant thoughts of finding ways to get more crack cocaine. The euphoric high I got from crack lasted only 2 to 5 minutes. While intoxicated, I was paranoid, I could hear the slightest sound. When the high wore off, I went into deep depression and became desperate to get high again.

My finances were growing thin. Out of cash, but willing to risk anything to get more crack, I robbed three drug dealers, who gave street service. I felt cheated that the high was over. I had never done anything like that before. I was bolder than I have ever been in my life.

At the same time, I became very depressed. I thought of suicide. I knew I was an addict, and that I had lost control of my life.

I sought help from my pastor and the personnel department at the Orlando Sentinel, where I worked. No one could give me what I needed during those moments of desperation. I felt very hopeless. I said to myself, "No one wants to help me, so I won't help myself."

I robbed a bank in St. Petersburg on February 7, 1986. I handed the teller a note demanding cash. I got away with $700. On the same day, I was arrested, about 30 minutes later. The arrest was a blessing in disguise, I was finally getting some help.

A county judge sentenced me to 120 days in the Pinellas County Jail, 2 years of community control, 60 hours of community service, and drug rehabilitation. I was also ordered to make restitution to the bank.

Chairman Roth. Thank you, Mr. Jackson.

Mr. Hair.

[At this point, Senator Nunn reentered the room.]

TESTIMONY OF DONALD W. HAIR, REFORMED USER

Mr. Hair. My name is Donald W. Hair. My home is the PAR Residential Drug and Alcohol Treatment Center in Largo, FL.

I am 25 years old, and I have been doing drugs since I was 11, starting out at that age with marijuana, moving on to Quaaludes, PCP, mushrooms or acid, and eventually cocaine powder and then cocaine in a free base form known as crack.

At the age of 23, I became so depressed because of my crack habit that I attempted suicide by trying to cut my wrists. On April 12, 1985, I was arrested for trafficking in cocaine, and possessing and selling controlled substances.

I am a professional karate fighter and instructor. I owned and managed the Donnie Hair Karate and Fitness Studios in Cocoa Beach, FL. I was the P.K.A. Florida State Super Welterweight full contact karate champion in 1983. I am a third-degree black belt in karate and was an instructor of physical education at the Florida Institute of Technology in Melbourne, FL, in 1983.

I was 19 years old and an experienced drug user when I was introduced to cocaine powder by a friend. I tried it, did not get much of a high out of it, but continued to sniff and snort it at social gatherings because several of my friends were using it and it was free. With continued use of the drug, I did begin to get a high with it.

In time, I wanted the drug badly enough and on my own terms so I began to buy it myself. I was spending from $40 to $100 a week on cocaine at that time. This was in 1980. Gradually, I wanted more and more cocaine powder. Eventually, my desire for the drug outdistanced my ability to pay for it through my work. So I started to sell cocaine to support my habit or addiction. The more cocaine I could sell, the more I had for my own use. By now I was using from $200 to $1,500 a week in powder cocaine. Whatever money I had, I spent it on cocaine.

While using cocaine powder, I was aware that cocaine in the free base form was supposed to give you a stronger high, but I had stayed away from free base because I didn't know much about it and I was leary of it.

However, in 1983, I was in Colombia, South America, for a karate tournament. One night, while I was out with a Colombian woman, she gave me what I thought was a marijuana cigarette. I smoked it, but it wasn't marijuana. It was free base cocaine.

That first experience with free base was accidental, but from then on it was deliberate on my part. I liked it and continued to smoke it for the remainder of my 3 days in Colombia. Colombians I met told me that it was the best way to use cocaine, and it made me feel very euphoric.

About 3 months later, back in the United States, I was working as a security guard in a Melbourne, FL, hotel, and I met some Colombians. They showed me how to smoke free base cocaine through a pipe. In this form, the free base was known as crack. It has that name because of the crack-like sound it makes as a user lights it up.

In its crack form, cocaine induces a great high. I didn't ever want to stop smoking. The first time I smoked crack out of a pipe, I spent 3 days in one room, with four other crack users. In that time, we used up about $3,000 in cocaine, none of which I had to pay for because I was on guard duty so they let me have it for nothing.

Following this encounter with crack, I returned to using cocaine powder. I didn't free base or use crack for about a year. But I did start up again in 1984 and it drove me to such depths of depression that I tried suicide. As already noted, I was arrested for drug trafficking in 1985 in Cocoa Beach. I am currently completing my sentence at the PAR Center.

Chairman ROTH. Thank you.

Let me start the questions, and we would appreciate answers from both of you, if appropriate.

Short of your incarceration, what would have helped you the most to stop using crack?

Mr. HAIR. I think that if there would have been more known about free base at that time. At the time when I started using free base, there was no information on it, and even the coke dealers and the coke users didn't know anything about crack. The only thing I knew about it, or heard about it before was that Richard Pryor had burned himself. From my understanding that is the way that they used to cook the crack up with the ether.

When I asked about this the first time I was using crack, they said that the way we cook it up, it is not dangerous, all you need is baking soda and water. Nobody knew anything about crack or free base at that time.

Chairman ROTH. Mr. Jackson.

Mr. JACKSON. I will agree with Mr. Hair. The information available on the street was that crack cocaine was a safe drug to use, and there are no addictive or damaging effects as a result of using it. But I found that to be otherwise.

I think that if I would have known some substantial evidence from the Government, or some other agencies saying the dangers of the drug, it might have prevented me from using it.

Chairman ROTH. I note that one of you testified that you began with marijuana, and then began using other kinds of drugs, LSD, and so forth, and ultimately cocaine. Do you think that this is a logical sequence of starting out with marijuana, and moving from there?

Mr. HAIR. Yes; I do. I started out smoking marijuana when I was 11. I think the attitude of young people of trying things because everybody else is doing it. I tried the mushrooms, PCP, acid, Quaaludes, and I didn't care for the drugs at all. I only did it once or twice, and I didn't like them. But that same attitude of trying things, trying something different, has got me to try cocaine. Cocaine appealed to me and I liked it a lot.

Chairman ROTH. Mr. Jackson.

Mr. JACKSON. Yes; I think the sequence is from marijuana to more potent drugs, because you can only get a certain high from marijuana, and once you reach that limit, you seek a greater potency, and that is what led me to using cocaine.

Chairman ROTH. You may have heard the witness who was before us just a few minutes ago state that you could get hooked the first time, and in his own case, he got hooked on cocaine the second time he tried it.

Mr. Jackson, what would be your experience and feelings on how quickly you can get hooked on cocaine?

Mr. JACKSON. The first time I tried it, I didn't get much of an effect from it. I thought that it was a nothing drug. When I went on the 6-hour spree with cocaine with the other users and the drug dealers, that is when I had the strong craving for it from that night on.

I was wide awake. I had to go to work the next morning, and I got about an hour of sleep, and I went to work very energetic and ready to go. It was that sensation that kind of convinced me that this is what I have been looking for.

Chairman ROTH. Mr. Hair.

Mr. HAIR. I was addicted to cocaine for 3, almost 4 years before I smoked it for the first time. So, I pretty much had a dependence on cocaine already. The first time I smoked it, I continued to smoke it until I didn't have any more to smoke. That is the way it seems to be with crack, you will continue to smoke it until you run out of money or run out of crack.

You will continue to smoke it, particularly the first time I smoked it out of a pipe, I sat at one table, and didn't leave the table, except to go to the bathroom, for 3 days. We just passed around a pipe back and forth, without getting up to do anything but smoke that pipe.

Chairman ROTH. Senator Nunn.

Senator NUNN. Thank you, Mr. Chairman.

Mr. Hair, you have had considerable experience in athletics, is that right?

Mr. HAIR. Yes, sir.

Senator NUNN. What type?

Mr. HAIR. Football, I played football a lot during school. I started out when I was 9 years old, and played continuously through school and high school, and the martial arts.

Senator NUNN. Did you use cocaine while you were participating in any of those sports?

Mr. HAIR. I didn't use cocaine while I was participating in the sports. I used my cocaine when I went out after a contest, to social gatherings. What would happen is that I would start out at a social gathering, and my cocaine use would continue through the night, and maybe even another day or two, until it was time for me to go to do my exercises and train. Then I couldn't go, because I couldn't do it high. I know people who can do it high, but I never could do it high.

Senator NUNN. Do you know athletes who try to perform the sporting event while they are actually on cocaine and high?

Mr. HAIR. Yes; I do. I still haven't been able to understand how they can do that. I can't.

Senator NUNN. What did it do to you in terms of your athletic ability?

Mr. HAIR. It made my heart beat outrageously high. I had a real high heartbeat and pulse rate. It caused me to get tired real fast. I damaged my lungs from smoking the cocaine. The way I understant it, the lower pulse rate you have, the better condition you are. When you do cocaine, it just constantly brings your pulse rate as high as it can go. It doubles your pulse rate.

Senator NUNN. Mr. Jackson, you had a job at a newspaper. Is that right?

Mr. JACKSON. Correct.

Senator NUNN. Did you use cocaine while you were working?

Mr. JACKSON. At times, I did, because there was a crack house four or five blocks from the newspaper, and I would leave on my break, get high right around Orlando, and come back to work. When I got back, I couldn't work to the best of my potential. I could do the routine work, but in terms of being creative, think of new designs and layouts, I was unable to do that.

Senator NUNN. So, it didn't give you a high that stimulated your mind or made you more productive. It was just the opposite. Is that right?

Mr. JACKSON. Exactly. It made me very paranoid, and kind of afraid to talk to my coworkers, too, thinking that they would sense that I am intoxicated.

Senator NUNN. Did either or both of you go cold turkey when you stopped using drugs?

Mr. HAIR. I did because I was put in jail. I went to prison, and that was the best thing that every happened to me, because I had been trying to kick the cocaine habit for about 5 years. The first time I realized that I was spending all my paychecks on it, I wanted to get off of it, but I never could.

For me, going to prison and going to jail was the best thing that happened. The way that it worked out for me was real good, because I came of prison into a treatment center before going back into the community.

Senator NUNN. Did you have a physical type withdrawal, or was it primarily psychological?

Mr. HAIR. For me, it was all psychological. I never felt a physical type of withdrawal. When I would come down off cocaine, the next day, I would be tired, a little slow, but that is about it. It was all psychological.

Senator NUNN. Mr. Jackson, how about you, how did you get off?

Mr. JACKSON. When I was arrested. I tried going cold turkey about 2 months before, during the time that I was seeking help from my pastor, and the personnel department at the Sentinel. I stopped smoking about 3 days, and as soon as I got paid, that Thursday, I started the process again. But I had no physical withdrawal, it was all mental.

How much good do you think an intensive educational program in the schools would do? Where either of you subjected to that kind of program, particularly about cocaine use, or other drug use?

Mr. HAIR. I had police officers come to the school when I was a kid, talking about drugs, but cocaine was never mentioned. I don't think that to many people knew about cocaine at the time.

I think that what we have to do is change the image of cocaine. It seems to be the drug for the elite crowd. It is not addictive. It is OK, and most people do it. I think most important thing is that image that needs to be changed because it is a killer.

Senator NUNN. Mr. Jackson.

Mr. JACKSON. I think that there is a greater need for education in the schools. I did not have any education about cocaine when I was in high school, or in college. There is a misconception that the powder form of cocaine is OK. I know several schoolteachers who use it, and they criticized me for smoking it. They said that it is socially accepted in the powder form, and they don't see any harm in that. So, there is a great need for education in the school system.

Chairman ROTH. Senator Chiles.

Senator CHILES. Thank you, Mr. Chairman.

You both talked about that you smoked a pipe. Was it a water pipe, kind of like this, that you used?

Mr. HAIR. That is exactly the kind I used.

Senator CHILES. That is a very easily available type of pipe?

Mr. HAIR. It is typical. You can smoke it—you can find anything to smoke free base out of. A lot of us used to use just a coke can. You take a coke can, and poke holes in it, and you smoke it out of that.

Senator CHILES. Like that?

Mr. HAIR. Exactly.

Senator CHILES. You have seen that used?

Mr. HAIR. I have used it many times. That is what I would always use because I was always trying to kick the habit, so I would never keep pipes around. I would never buy a pipe. I would never buy the paraphernalia. So, when it came time for me to want to smoke some, I decided that I was going to smoke some, I would just make something that was convenient.

Senator CHILES. You would just put a few holes in the back end of this, and then a few on the top, and you put steelwool or something like on it?

Mr. HAIR. Or cigarette ashes on the top. Cigarette ashes will act as a filter.

Senator CHILES. You take your crack and you put it right up on top of that? Would you use a cigarette lighter, or how would you do it?

Mr. HAIR. You would light it up, and it would melt to a liquid, and then after it melted to a liquid, it would turn into a smoke, and it would flame.

Senator CHILES. Charles, did you ever use something like that?

Mr. JACKSON. I was using the can, a coke can, the day I was arrested, because after I robbed the bank, I immediately went to drug dealers in St. Petersburg to buy some rocks. While the policemen were chasing me, I was smoking the cocaine from a can similar to the one that you are holding.

Senator CHILES. Similar to that, when you got through robbing the bank.

Mr. JACKSON. Yes.

Senator CHILES. Have you ever used a little piece of copper tubing like that? You the steelwool in the front end, and then there is a little rubber thing here for your lips.

Mr. HAIR. People will use anything they can find to smoke out of, whatever is convenient.

Senator CHILES. So, there is no problem of having to get the paraphernalia.

Mr. HAIR. No problem at all.

Senator CHILES. You can get that any place.

Mr. HAIR. Yes.

Senator CHILES. Charles, when you were high on crack, did you feel like you were in control? Could you drive a car, or did you feel like you could do anything like that?

Mr. JACKSON. Yes; in fact, I used to get high mainly while driving. I did it mostly alone. Cocaine had become my companion, and I smoked it in my car, while I was driving, or at home in my room. I could function well.

Senator CHILES. Do you think that you could really function well, or thought you functioned well?

Mr. JACKSON. I thought that I functioned well. I did a lot of talking to myself, trying to figure out things, trying to handle things my own way, but in reality I was getting worse.

Senator CHILES. So, you didn't function as well in reality, you just thought you did?

Mr. JACKSON. Right.

Senator CHILES. When you came down, how did you feel?

Mr. JACKSON. I felt very depressed, and very empty. I kind of beat myself mentally for feeling that way, because I said to myself, why have I done this. When I did it, it was the greatest thing I could think of, but after I hated myself for doing it, because I was broke and I didn't know where I was going to get money to pay bills, and my life was just crumbling. I hated myself for becoming a junky.

Senator CHILES. Did you plan the robbery of the bank? What prompted you to leave your desk at the Orlando Sentinel, and drive across the State? You went through Lakeland, I understand, and then robbed a bank across the State. What prompted you to do that?

Mr. JACKSON. I was really tired of living. I was tired of the way my life was going. The day I left the Sentinel, I couldn't function well enough to write a simple cutline, it took me an hour to do that, which would only take me 5 to 10 minutes. I was very depressed, and I had no thoughts of leaving the city when I left my job. I went to get more crack, and I rode around for awhile smoking it, because I knew that I couldn't go back to work in that state.

I just decided, something hit me in my mind to hit the interstate, and that is what I did. I went down Interstate 4, and I went through Lakeland, and stole cocaine from drug dealers.

Senator CHILES. You stole cocaine there?

Mr. JACKSON. Yes; they give you curb service in Lakeland, a certain part I went to, and I snatched it and drove off. The guy was hanging on to my car, and I got away with it. I was scared, but at that time I didn't care what happened to me. If he would have shot me, OK. It was an easy way out for me.

What prompted me to rob the bank, I was in desperate need of money, and I needed to get high again. I didn't care at that time how I got it, but I wanted a substantial amount of money so I wouldn't have to go back to try to find more money.

Senator CHILES. You didn't have a gun or anything when you went into the bank?

Mr. JACKSON. I didn't have a gun. I wrote a note saying, this is a holdup, gun in pocket, however, I didn't have a gun, I only imitated that I did have one. The teller looked at me as if I was playing some kind of a joke, but when I hold her to hurry up, she proceeded to give me the money. I trotted out of the bank, and I want to get cocaine.

Senator CHILES. You went to get cocaine, that was the first thing you did?

Mr. JACKSON. Yes.

Senator CHILES. Don, or both of you, if you could visit every school in Florida, what message would you give kids to warn them against drugs?

Mr. HAIR. I would just have to tell them that cocaine is not as good as everybody makes it out to be. That is what everybody was making it out to be. It is not worth trying the first time, because it is a risk that you can't take, trying it out for the first time.

Mr. JACKSON. I would tell them to be different. I was one to try to be accepted and go along with the crowd and allowed peer pressure. I would tell them to be different, and establish their own values, and don't try it because it does kill.

Chairman ROTH. Do you still have the craving for it on occasion?

Mr. HAIR. That is the thing about cocaine, it will make you think you don't have a craving. I know that I can never put myself in the position again to be around the drug, where I have my freedom of choice to that drug in front of me. Cocaine will lie to you. It is telling me right now that I have no problem with it any more, but I have to trust other people's opinions to know that that is not true. I just can't put myself in the position to be confronted with it any more.

Chairman ROTH. Mr. Jackson.

Mr. JACKSON. I had a nightmare the night before we left to come to Washington that I was getting high. It scared me, because I know I can't get high again because I will probably kill myself. I just can't handle it.

Yes; there is a craving, but I am very much afraid of that.

Senator CHILES. Mr. Chairman.

Chairman ROTH. Yes.

Senator CHILES. I failed to swear Bob Neri, and I would like to ask him just a few questions.

Chairman ROTH. Sure.

Senator CHILES. Will you swear that the testimony you are about to give before the subcommittee will be the truth, the whole truth, and nothing but the truth, so help you God?

Mr. NERI. I do.

Senator CHILES. Bob, I have noticed that both Charles and Don are committed to treatment at PAR for 2 years. Is this a standard length of treatment? Is this the length of time necessary for most crack cocaine users?

Mr. NERI. We are one of the long-term drug rehabilitation centers. Residents in our program live there between 18 and 24 months. It is individualized, but what we have learned over the years, and especially with the people who are involved with crack cocaine, is that it takes a certain length of time to help them build up defenses against the drug, and to help them start to feel better about themselves.

The kind of self-hatred that Charles talked about, and Donald talked about, that goes along with becoming addicted to the drug, it takes a while in order to reverse that and have people start feeling better about themselves so that they don't feel like they have to go back to using the drug in order to feel good.

Senator CHILES. What kind of success rate do you have, if you have people for 18 months to 2 years?

Mr. NERI. What we try to do, Senator Chiles, is we try to keep people in treatment. In long-term treatment, the key thing is retention. We try to keep them in treatment for as long as we can. We have learned over the years that the longer they are in treatment, the more investment they have in being drug free, and the more commitment to that kind of lifestyle.

We have learned, and we have kind of evolved over the years, PAR is 15 years old, and the original length of stay in our residential program was 5 months. We have learned from experience that with the people that we are working with, the hard core dysfunctional drug abuser, they need a longer stay.

Senator CHILES. Are there a lot more addicts out there needing treatment now?

Mr. NERI. Yes. It is unbelievable the flood we have of phone calls, referrals, and assessments. Currently, we have about 100 adults, and 30 kids in our residential center. We have close to 100 people on a waiting list, waiting for a bed, and calls constantly for assessments, for people to come in and ask for help.

Senator CHILES. Thank you.

Chairman ROTH. Thank you, gentlemen. We appreciate your being here today.

The final panel is Sheriff James Adams from Sumter County, FL, and Deputy Inspector Martin O'Boyle of the New York Police Department, who will be accompanied by Lester Paverman, the civilian attorney of the legal bureau of the New York Police Department.

Please be seated. We are pleased to have you here today. I would ask you, Sheriff Adams, to begin with your testimony.

TESTIMONY OF SHERIFF JAMES ADAMS, SUMTER COUNTY, FL

Mr. ADAMS. Thank you, Mr. Chairman, and Senators. It is a distinct honor to speak to the members of this subcommittee. I will address the issue of crack or rock cocaine, as it is affecting a small community. Sumter County, FL, is geographically located just west of the center of the State of Florida. The Florida Turnpike, which begins south of Miami, ends in our county and Interstate 75 runs along the western part of the State and through our county.

These two major highways carry a large portion of the north-south traffic in the State of Florida through Sumter County. Despite this heavy flow of traffic and the rapid growth rate of surrounding counties, Sumter County is sparsely populated with a 1985 estimated population of 27,432 residing in an area of approximately 574 square miles. Nearly one-half of Sumter County is used for agricultural purposes and a large area is set aside as a State forest.

There are five incorporated areas in Sumter County with police departments ranging in size from two to eight fulltime sworn officers. My department employs 26 full-time sworn officers.

Members of my department first encountered rock cocaine on August 16, 1985, and at that time did not know what the substance was. A field test showed the substance to be cocaine, however, the detectives had no idea of how it was produced, how it was used, or the increased seriousness of the drug. Through inquiries to the State crime lab and to law enforcement agencies in more populated areas, we quickly learned that our county had uncovered a very serious problem.

As we continued to find more of the rock cocaine, we determind the problem was rapidly growing and our usual methods of drug arrests were not sufficient. Despite the budgetary constraints that we, as a small department in a small county, must face every day, it was decided that we had to hire an undercover officer from outside our department to go into the drug community, actually living in that environment and gaining first-hand knowledge of the culture. Our undercover operation commenced in late December, with the intention of staying undercover for 1 year.

Early in the operation, we discovered that we had a much bigger problem than we had imagined. Through information developed by our undercover officer, in February, we served search warrants on four houses within a four-block area in the city of Wildwood, arresting 12 people.

Eight of those persons were charged with possession of cocaine and four with sale and delivery of cocaine. These sales were all to a minor. Nine of the 12 persons arrested were Haitians. Immigration and Naturalization Service told us, at that time, they could do nothing about the Haitians unless they were convicted.

While later arrests in our county do not show such a high proportion of Haitians, it is believed the Haitian community in our county is responsible for a large portion of the rock cocaine.

[At this point, Chairman Roth left the room.]

Mr. **Adams**. Ten days after these arrests, I delivered to Senator Chiles and others a letter reflecting my concern about the rock cocaine problem in our county, a problem I then and still perceive as a serious threat to our society.

As our undercover operation continued, our officer continued making buys, all in the general area of the city of Wildwood, with a population of 3,322. In June, 32 arrest warrants were issued for the buys made by our undercover officer. With these arrest warrants, 30 persons were charged with sale and delivery of cocaine.

In a period of just over 10 months, we had produced sufficient cause to arrest and charge 34 people with sale and delivery of cocaine and 33 of those people were selling rock cocaine. In a county of just over 27,000, I find that a staggering number and that is just the tip of the iceberg. Our undercover operation is continuing to this day, and our officer is making buys from new people, and new sellers are being indentified daily.

The seller we see in Haitian or black, male, 18 to 35 years of age. We believe all the rock cocaine is brought into our county in the rock form from Miami, Apopka, or Fort Pierce, but it is only a matter of time until they begin making it here. We haven't developed any syndicate ties beyond the syndicate of the Haitian community.

In looking at the sellers, we have also seen the users and we have identified hundreds of them. Most of the users are in the 18- to 25-year age bracket, but many are younger. We know of a 9-year old user in our county.

As a law enforcement officer, I must look at the rock cocaine problem as a violation of the law that must be dealt with through the criminal justice system. As a human being, I cannot help but see the human tragedy involved, as well as the high cost we will all pay for this problem.

We have just begun to see the crime rate in our county rise. It appears that rock cocaine has created family crime until now.

[At this point, Chairman Roth reentered the room.]

Mr. **Adams**. The addicts have been using money for their drugs that should be providing necessities for their families, and when that was gone, stealing food stamps and household items from their families.

As these sources are depleted, and if the drug problem continues to escalate at the rate we have seen it in our country, we can surely expect our crime rate to increase dramatically as those who are addicted will find a way to obtain the drug.

With an increase in the number of crimes, there will be related costs: A greater demand for law enforcement services, court costs, and our already overcrowded jails and prisons will have to be dealt with. Our county jail has a court ordered capacity of 42, but in the past several weeks, we have had as many as 72 in the jail, many on drug related charges.

As to the human tragedy, who can measure the value of one human life? Rock cocaine is touching hundreds of lives in our country alone. I have seen young men, who were a few years ago strong, high school football stars, today they are emaciated, the victims of rock cocaine.

The long-range effects of this drug cannot at this point be imagined, but we do know that cocaine is a highly addictive drug, and rock cocaine seems to produce an even more addictive effect.

Treatment for the addicts who want help, and there are ever increasing numbers in our area, presents a problem. We have a private treatment facility located in our country, and we also have access to public treatment. Private treatment is very expensive, and there are usually long waiting lists for the public inpatient programs.

There are reservations among some of the treatment programs about the real success rate of treatment. For many who undergo treatment, the lure of the drug is too strong. When they get back into an environment where the drug is available, they can't resist it. It seems the only answer to the rock cocaine problem is in prevention, and prevention can take many forms.

We in Sumter County know we have a serious problem. We have faced our problem and we intend to fight our battle. Citizens have come forth offering to put on events to raise money for drug abuse prevention. A citizens committee has been formed and it will be exploring ideas of community involvement to aid in the battle.

The Wildwood Rotary Club has taken on the rock cocaine problem as a project and have pledged to take a leadership position in seeking statewide Rotary Club support for efforts to strengthen State and Federal law enforcement's ability to deal effectively with the drug.

Our school system has joined with my department in an effort to provide school resource officers in our schools, a step which we hope will slow the growth of the problem among our young people. I believe the citizens of Sumter County are taking positive steps to help solve the problem.

My department will continue to educate the public to the dangers of this and other drugs. We also believe arrest of the offender who manufacturers or sells rock cocaine to be a form of prevention, but only when the offender is assured of mandatory prison time the first time he is convicted—no looking at previous record, no point system, no plea bargaining. The local law enforcement officer should not have to make buys from one person three or four times before he is taken off the streets.

Rock cocaine, to my knowledge, has no currently accepted medical use and the potential for abuse may well be greater than that of heroin. This form of cocaine should most certainly be included with the scheduled I drugs. Efforts to deal with this drug will need to be made at the Federal and State levels.

I have written to Florida Gov. Bob Graham, asking him to call a special session of the legislature to deal specifically with rock cocaine. Senator Chiles' efforts to deal with the drug at the Federal level have been most welcome. Realistic Federal laws will certainly provide the examples for States to follow.

I am especially supportive of the Senator's efforts to reduce the quantity of rock cocaine necessary for trafficking charges to 1 gram. Officers working the streets in my county know the dealers, or sellers, don't need to carry large quantities of the drug. One gram will provide 20 to 25 hits and sellers can carry that amount, then quickly replenish their supply.

The battle of rock cocaine is a series of local problems making up one large national problem. I believe the most effective law enforcement efforts will come from the local level, but many of the smaller departments across the country, including mine, are already stretching their budget dollars as far as they will go. State or Federal assistance to those departments affected by the rock cocaine problem would prove invaluable.

In the State of Florida, our agricultural interests have been waging a war against the citrus canker. Eradication of the diseased trees has been undertaken in an effort to prevent the spread of the disease. Perhaps our Federal Government could look at the coca bush in that same light, a disease coming from a few South American countries and creating an epidemic in our country. The July 1986, issue of the Rotarian tells us that Peru has 375,000 acres of coca under cultivation. That is some 7,000 acres greater than the area of Sumter County, FL.

Thank you for allowing me to address you on this matter of great concern to the citizens of Sumter County and to the citizens of the State of Florida.

Chairman ROTH. Thank you, Sheriff Adams.

Inspector O'Boyle.

TESTIMONY OF DEPUTY INSPECTOR MARTIN O'BOYLE, NEW YORK POLICE DEPARTMENT, ACCOMPANIED BY LESTER PAVERMAN, CIVILIAN ATTORNEY, LEGAL BUREAU, NEW YORK POLICE DEPARTMENT

Mr. O'BOYLE. Good afternoon. My name is Martin O'Boyle. I have been a member of the New York City Police Department since my appointment nearly 25 years ago on November 2, 1961, and I now hold the rank of deputy inspector.

I am commanding officer of the special anticrack unit. This is a newly formed subunit of the narcotics division. The narcotics division itself has primary responsibility for drug enforcement in New York City.

The special anticrack unit consists of 110 members. I am the commanding officer. I have a captain as my executive officer. I have 4 lieutenants, 12 sergeants, 2 detectives, 86 police officers, and 4 civilians. All members of this unit are experienced in drug enforcement and were selected for this new assignment based upon their superior performance records. We have a citywide jurisdiction and are highly mobile in order to provide immediate response to complaints of crack trafficking anywhere in the city.

The mission of the special anticrack unit is to conduct investigations and make arrests of violators of the New York State drug laws who are dealing primarily in the cocaine variant known as crack. We are also concerned with the identification of base houses, a term for describing dens where crack is used or sold, and crack factories which are premises where cocaine hydrochloride is converted into crack.

The special anticrack unit is unique in our department since its formation marks the first time that one command has been designated to deal with one particular drug.

It should also be noted that the establishment of the special anticrack unit represents a major commitment of personnel resources above the 635 members already assigned to the narcotics division, that division has general drug enforcement responsibilities.

In forming the special anticrack unit, the police commissioner has made an added commitment of more than $6.2 million annually to the drug trafficking fight. This $6.2 million figure does not include support costs for vehicles, plant facilities, buy money, technical equipment, and so on.

The department also participates in Federal and State task forces which are directed at high level drug trafficking in New York City.

As of July 6, the special anticrack unit had been in operation for a total of 46 days, having started on May 21 of this year.

During the 46-day period, we produced a total of 428 crack arrests. Ninety percent of those arrests were for felony sale charges. I must add, since I prepared this report, in the past, we have arrested over 100 additional traffickers.

To achieve this high level of productivity, we conducted undercover buy operations throughout the city. We operate using information received from several official sources, both inside and outside our agency. Most encouraging, however, is the input we are receiving from the general public through a hotline. We have also begun a campaign to recruit new confidential informants.

The significance of our 90-percent felony arrest record should be highlighted. As the committee already knows, crack is usually sold in small vials, rarely containing more than about one grain of the substance, and most traffickers in New York City, at least, try to avoid serious arrest charges by carrying only a few vials of the substance at any given time.

In the first 46 days of our operation, we seized over 2,800 vials of crack in addition to 202 tins of cocaine hydrochloride, 47 glassines of heroin, and 271 bags of marijuana. There were also smaller quantities of less popular drugs. The estimated street value of drugs seized so far is placed conservatively at $45,000. We have also seized over $33,000 in U.S. currency in connection without arrests. I should also add, a number of guns.

This summarizes the enforcement activity of the special anticrack unit.

As I mentioned earlier, the special anticrack unit is a subunit of the narcotics division, which has overall responsibility for drug enforcement in New York City. The local commands of the division and the largest task force our department participates in, the New York Drug Enforcement Task Force, made a combined total of 602 crack arrests during the 46-day comparison period.

You can get some idea of the extent of the crack situation in New York City by observing that the special anticrack unit and the other major drug enforcement commands of our department have made a total of 1,030 crack arrests since May 22, 1986.

The special anticrack unit was formed because extraordinary measures were needed to meet an extraordinary challenge. The criminal justice system in our city is facing a drug enforcement crisis made worse because of the presence of crack.

I could easily provide the committee with an hour of statistical information attesting to the extent and nature of crack traffic in New Yortk City, but I think the proportion of the problem should be fairly obvious.

I would like to close my remarks, however, with an appeal to this committee to direct a part of its attention to how the crack phenomenon may affect our greatest natural resource, the young people of America.

Crack is particularly dangerous because of the heightened euphoria it produces and its addictive properties. The drug is insidious. It first seduces the user with an intense high and then takes him prisoner through its addictive character.

In one of our department's specialized programs, SPECDA, we made drug arrests within a two-block radius of city schools. During the month of June, 86 percent of all the cocaine arrests we made near city schools were for the cocaine variant we know as crack. This is an especially alarming statistic since most of the school perimeters targeted are adjacent to elementary schools.

The crack dealers are underwriting the future market for their deadly commodity by attempting to sell this to our children.

Finally, I would like to relate one incident which, though it is now an exception in our enforcement experience, could become the norm.

On May 30, our unit was conducting a buy and bust operation in Upper Manhattan. A gun battle erupted and one of our officers sustained a gunshot wound. When the smoke had cleared and the arrests were made, we discovered that the steerer in the operation, that is the person that steers the buyer to the seller, was a boy of only 14 years of age. He was, of course, arrested with his adult conspirators.

Our many years of drug enforcement experience have demonstrated that today's steerers often become tomorrow's dealers, and the allure of crack trafficking apparently has no regard for one's age.

Thank you.

Chairman ROTH. Thank you, Inspector O'Boyle.

Let me just point out, I think the fact that we have two law enforcement officials, one from the largest city and the other from a relatively smaller area, indicates the depth and breadth of the problem.

Sheriff Adams, you mentioned trying to destroy the coca bushes, which I think is worthy of careful study. I think that you have to attack the source as well as the enforcement.

Let me ask you this, if you could have two or three things done immediately in the fight, the so-called war against drugs, what would you urge be done first to help in this fight against crack?

Sheriff Adams, where do you want to start?

Mr. Adams. The first thing that I would request would be, let's teach kids, let's get in the schools. We think that that is the No. 1 priority right now in our county, and we are going into our schools with the law enforcement officer. We have two high schools in my county, and we have funded the money to put a deputy sheriff in the school system to be a big brother type officer, not somebody who is looking to arrest them, but to educate these kids and let them know the problems that they are going into. That is the No. 1 thing.

The other thing is, we have to go after the dealers and the source of drugs. Those are the two top priorities that we are doing, Senator, at this time. We have taken the first two steps.

Chairman Roth. Are the laws adequate in this area, do you think, for enforcement purposes?

Mr. Adams. Senator, the laws are not adequate due to the fact that as far as the law enforcement problem, they need to be stronger. If we make one buy from a dealer, we should be able to send him away for some jail time, a little bit of jail time anyway. As it stands now, sometimes we have to make three or four buys before it is serious enough to warrant sending him off to prison. That is something that, hopefully our State legislature, in the very near future, is going to address.

Chairman Roth. Mr. O'Boyle.

Mr. O'Boyle. I agree with Sheriff Adams, education is all important, there is no question about that. We have to alert our younger people to the dangers involved here. Second, I would like to see us upgrade the penalty for dealing in this drug, particularly as it pertains to dealing through children.

Chairman Roth. In the opening moments of this hearing this morning, there was a lot of talk about whether or not there was a war against drugs. One of my concerns is that, while everyone is somewhat concerned, I don't see any strong consensus of really doing anything very tough about it. There are some great exceptions to that rule. Many people are giving valuable time, both professionally and as volunteers.

Do you feel that the public at large understands the nature of crack, or drugs, generally? Do you feel that there is the kind of consensus that gives the kind of support you need to fight an active war, and if not, what can be done about that?

Mr. Adams. Senator, I was extremely pleased to know that there is a program that is funded by the Federal Government that apparently goes out and puts ads in the newspaper, on TV, and possibly billboards. I think that it would be a great step, in some emergency manner, if we could let the public of this country know that crack will kill you. It was just refreshing to see that there is such a program.

I would just like to echo Senator Chiles, I think that it is time to get this thing going. I don't believe that this Government is so weak that if it really wanted to, that in a matter of days, they could make the public of the United States of America aware of the seriousness. It is serious.

Chairman ROTH. We talked about educating the children, which I think is extremely important. What about educating the public at large, do you think that there is a serious need there?

Mr. ADAMS. That is what I am relating to right now, other than the schools. I think that any time you pick up a magazine, there should be a very strong warning as to what this can do. It has worked with the drunk driving. It has worked with other major problems we have had. I certainly think that it would be effective.

Chairman ROTH. Inspector O'Boyle.

Mr. O'BOYLE. I think that there is a greater awareness today than there was approximately 6 months ago. This has gained a lot of attention, certainly, in the media. I also think that we are all fighting our own battle on different fronts. I suggest that we coordinate our activities, and maybe that will have some effect.

Chairman ROTH. Thank you.

Senator Nunn.

Senator NUNN. Mr. Chairman, I know that time is going to be running short, it already is, so at this stage I will just waive my time in favor of Senator Chiles.

I thank both of our witnesses for being here, and for your splendid cooperation. I hope that out of this hearing we can get an awful lot more effort at the Federal level, and a lot more coordination, and a lot more education effort also.

Senator CHILES. Thank you very much, Senator Nunn.

I would like to ask both of you, what is the going street price for cocaine and rock in your area, and compare that to like 5 years ago, if you can think of 5 years ago?

Mr. O'BOYLE. Today, in New York City, a bottle of crack, the average bottle of crack, sells for $10.

Senator CHILES. How much?

Mr. O'BOYLE. Ten dollars.

Senator CHILES. Ten dollars for a hit?

Mr. O'BOYLE. Yes; cocaine can be purchased for approximately $1,300 an ounce, whereas about 5 years ago, it was at least double or more than that.

Mr. ADAMS. The going price for a rock or a hit of cocaine in Sumter County is approximately $10. I can't relate to the powder cocaine because cocaine is relatively new in Sumter County. We probably have some, but it would be very limited, Senator, so I can't really relate to the going price of the powder cocaine.

Senator CHILES. When you, on average, bust up a rock house, what percentage of the occupants are you able to prosecute?

Mr. O'BOYLE. I try to prosecute 100 percent of the occupants who are involved in the trafficking of the drug.

Senator CHILES. Of the people who are actually there in the house, are you able to get 100 percent? I know that you are going to prosecute anybody you can get trafficking, but I am trying to see how many you are able to levy a charge against?

Mr. O'Boyle. If we have successfully infiltrated the operation by using undercovers, generally we are able to arrest everyone.

Senator Chiles. Then you have actually made buys beforehand, before you bust the house?

Mr. O'Boyle. Yes.

Senator Chiles. If you just go knock it down?

Mr. O'Boyle. Then we are restricted. We can only arrest those persons who are in possession of the drug, or in close proximity to the drug, if the drug is in plain view.

Senator Chiles. Sheriff.

Mr. Adams. Senator, we have recently served four search warrants on four crack houses or rock houses, and we were able to arrest the individual that sold the cocaine. We did not mess with or bother the ones that were using it, but we did arrest and convict those that were selling the cocaine.

Senator Chiles. I would like to ask both of you about your crime rate. Sheriff, you said that your crime rate has increased with the growing availability of cocaine and rock on the streets.

Are you seeing that in New York, too, inspector?

Mr. O'Boyle. Yes, sir.

Senator Chiles. What types of crime, and how fast is it growing?

Mr. O'Boyle. Robberies, as an example. I can't categorically state that there is a definite connection between crack trafficking and crime, but based on my own experience, I noticed that there has been an increase in crime in certain parts of the city that are more drug prone than others.

Senator Chiles. You are seeing that same thing?

Mr. Adams. Yes, sir. We have had a large increase in burglaries and larcenies in the last 6 to 8 months.

Senator Chiles. Are you both aware that there is considerable debate over whether minimum mandatory sentences are effective in deterring persons from dealing drugs. Many people say that those sentences have prompted more plea bargaining with repeat offenders pleading guilty to a lesser charge in return for having a prior record ignored.

Both Florida and New York have mandatory minimum sentences for certain drug trafficking offenses. I would like your experience as to whether they are deterring drug dealings or not?

Mr. O'Boyle. I don't think that I can honestly answer that, Senator.

Senator Chiles. I see.

Sheriff?

Mr. Adams. It has some effect, but it is not nearly as strong as it should be. We have in my particular county people selling drugs right now that we have locked probably two or three times in the last couple of years. We do need mandatory sentences concerning these individuals.

Senator Chiles. If you could recommend one sentence change for narcotic penalties, what would you recommend to strengthen enforcement against the rock and crack in both the Federal and State law?

Mr. Adams. I would recommend that if a subject is caught dealing one time the rock cocaine that he would do a minimum of 1 year in jail. I think that that would be a great deterrent. If you catch him, and he knows that he has to go to jail for a year, and he has to spend that year, it will have a lot to do with it.

Mr. O'BOYLE. I would reduce the quantity needed to charge someone with a more serious crime. For example, right now, in the New York State law, I would need more than 200 vials of crack to charge someone with felony possession. I am not totally familiar with the Federal statute.

Senator CHILES. In Federal law, to get that felony, you have to have a kilogram to get up to 20 years. By legislation that I have introduced, I have reduced that to a gram. You have a problem in New York law.

Mr. O'BOYLE, Yes, sir.

Senator CHILES. Are both of you finding that the people that you are arresting are walking?

Mr. O'BOYLE. Yes, sir.

Mr. ADAMS. Yes, I would say that.

Senator CHILES. That is kind of disheartening to your officers out making these arrests?

Mr. O'BOYLE. Yes, I would say that also.

Mr. ADAMS. Yes, that is absolutely correct.

Senator CHILES. How do you sort of cope with that, you are arresting people, and they are right back on the street again?

Mr. O'BOYLE. We accept the fact that we are law enforcement officers, and we are part of the criminal justice system. We will do our job no matter what.

Senator CHILES. That is a good attitude.

Mr. ADAMS. As long as they are there, we are going to put them in jail. We are not backing up 1 inch on it. If the court system turns them out, and we can infiltrate and arrest them again, we are certainly going to put them back in jail.

Senator CHILES. We are making a lot of multiple work for you.

Mr. ADAMS. Yes, sir, but we are going to win this battle.

Senator CHILES. Mr. Chairman, I thank you, and I want to thank both of our witnesses. I think that both of them come from very diverse kind of backgrounds, but they are both out doing a yeoman job under terrific problem circumstances. I compliment both of you and the men that you are working with.

Chairman ROTH. So do I.

Senator NUNN. I join that. I would like to thank our previous witnesses here. I didn't get a chance to thank them, but both of them were very articulate in demonstrating the problem they had. I think that their testimony will be very helpful to educate people, and that is exactly what all of us talked about. I think that we need education and law enforcement, it is going to take both. I thank our present witnesses not only for your testimony, but also for your help in preparing for this hearing.

Chairman ROTH. Gentlemen, I think the two prior Senators have spoken my sentiments. I appreciate your being here. We would, at any time, appreciate any recommendations or suggestions because this is going to be an ongoing war. I personally think that the time has come not so much to point the finger at anyone or any group, but to try to come up with some positive and constructive answers, because it is going to take tremendous resources and tremendous efforts on the part of people all over the country.

We have a statement of David L. Westrate, Assistant Administrator for Operations, which we will include, if there is no objection, as part of the record.[1]

Thank you, gentlemen, very much.

The subcommittee is now adjourned.

[Whereupon, at 1:15 p.m., the subcommittee adjourned to reconvene at the call of the Chair.]

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[1] See p. 93.

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Alcohol, Drug Abuse, and
Mental Health Administration
Rockville MD 20857

FOR RELEASE ONLY UPON DELIVERY

STATEMENT OF
CHARLES R. SCHUSTER, PH.D.
DIRECTOR
NATIONAL INSTITUTE ON DRUG ABUSE
BEFORE THE
PERMANENT SUBCOMMITTEE ON INVESTIGATIONS
COMMITTEE ON GOVERNMENTAL AFFAIRS
U.S. SENATE
ON
"CRACK COCAINE"

JULY 15, 1986

Mr. Chairman and Members of the Committee:

I am Dr. Charles R. Schuster, Director of the National Institute on Drug Abuse. Thank you for inviting us to testify today at your hearing on the growing problem of "crack" cocaine. The new Assistant Secretary for Health, Dr. Robert Windom, would like the Committee to know that he is deeply concerned about the issue and considers the dissemination of information about "crack" cocaine to the public one of his highest priorities. Increased concern about drug abuse, and particularly about the use of cocaine, is being expressed at the highest levels of this Administration, and right now the White House is considering suggestions for new measures to deal with the problem. This Department is undertaking a number of efforts--in the areas of research, prevention, and treatment--aimed specifically at the problems associated with cocaine use.

I could not help noting that it was almost exactly a year ago that the increasing use of cocaine in this country--and its consequences--was the subject of another hearing by the Select Committee on Narcotics Abuse and Control. At that hearing last July, our Department testified that in the past 15 years cocaine abuse had grown from a relatively minor problem to a major public health threat, and we reported that cocaine users were shifting from snorting or inhalation to newer more dangerous routes of administration, such as freebase smoking. That trend toward the use of these routes of administration has now intensified, and the problems associated with it have become a matter of grave national concern. The manufacturing of "crack" cocaine emerged in 1985, and this new form of the drug is appealing to many users because it is conveniently packaged, easily ingested by smoking, and initially affordable.

Definition of "Crack"

Since "crack" cocaine is a new form of freebase cocaine, not a new drug, it might be helpful to provide a definition of the term.

If cocaine is to be smoked, it must be converted to a freebase form. Previously, an alkali such as ammonia or bicarbonate of soda was added to cocaine hydrochloride to form the cocaine base and then extracted using a solvent such as ether. However, individuals preparing freebase discovered that the extraction step could be eliminated and that cocaine freebase could be precipitated directly from the alkaline solution, by evaporating or pouring off the water. This results in a waxy, soap-like material, which is called "crack." This process made it simpler for dealers to mass-produce individual cocaine doses and eliminated the need for individual users to prepare their own material using dangerous organic solvents.

In other words, "crack" is a street name for cocaine freebase prepared by a method which does not use solvents. Besides "crack" and "freebase," smokable cocaine is also known as "Roxanne," "rock," "gravel," "base," "baseball," "white tornado," and "snow toke." Even though the variety of names for smokable cocaine can be confusing, the reality is that they all are cocaine. Nevertheless, inexperienced users may not realize that when they are buying "rock" or "crack," they are buying cocaine.

Extent and Consequences of "Crack" Use

In May 1985, NIDA conducted a field investigation in New York City and initially brought "crack" to the attention of Federal and State authorities. In October 1985, the New York Drug Enforcement Task Force made the first significant seizure of "crack." While enough time has not elapsed at this point to provide data specifically on "crack," NIDA's data from the National High School Survey did show that the Class of 1985 were using cocaine at an unprecedented level. Seventeen percent had tried cocaine, 13 percent had used the drug in the last year, and 7 percent in the past month. Most cocaine users do not start using the drug until after high school, but increased numbers of young people are now beginning to use cocaine during these vulnerable years.

Data released just last week from a national survey of drug use among college students, funded by NIDA, revealed that cocaine use remains at peak levels among high school students and young adults generally. Researchers at the University of Michigan's Institute for Social Research, which also conducts NIDA's High School Senior Survey, found that by the end of their fourth year of college, roughly 30 percent of all college students will have tried cocaine and that nearly 40 percent of all high school graduates have tried it by age 26 or 27.

Data from the Drug Abuse Warning Network (DAWN) provide an indication of the health consequences associated with the use of cocaine. DAWN, a NIDA sponsored survey of selected hospital emergency rooms and medical examiner offices located primarily in 27 metropolitan areas in the United States, provides information on morbidity and mortality associated with illicit drug use.

The severity of the potential health consequences associated with the use of cocaine was underscored by the recent deaths of two well-known athletes. Although these deaths shocked and saddened the Nation, they did not surprise those of us in the drug abuse field who have long been on record in reporting that cocaine overdose can result in seizures, coma, and death from respiratory or cardiac arrest.

The number of cocaine-related deaths reported to DAWN by medical examiners located in 25 metropolitan areas throughout the country increased from 195 in 1981 to 580 in 1984. Provisional data for 1985 indicate that cocaine-related deaths are continuing at unprecedented high levels, with 563 deaths reported to date. It should be noted that mortality data from the Nation's largest city, New York, are not included in these statistics.

Over the past 5 years the number of hospital emergencies related to the use of cocaine tripled from over 3,000 in 1981 to almost 10,000 in 1985. Five metropolitan areas made up more than 50 percent of all cocaine mentions in 1985--New York, Miami, Los Angeles, Washington, D.C., and Detroit. Increases were observed in each of these areas. In New York, for example, cocaine emergency room mentions increased from 1,122 in 1981 to 2,390 in 1985. In Miami, the number of cocaine emergency room mentions increased from 249 to 953 over the 5 year period. It should be noted that while at least 70 percent of emergency room mentions related to cocaine are still among patients 20 to 34 years of age, the increasing use of "crack" could well change this pattern.

DAWN data also suggest that smoking cocaine, or freebasing, has been increasing during the eighties. In the first quarter of 1984, 86 of the cocaine emergency room patients, or 4 percent, reported smoking as their route of administration. By the fourth quarter of 1985, 382 cocaine patients or 13 percent reported smoking. In the total DAWN system for the entire year of 1985, 11 percent reported smoking. Of these, 1,242 patients, or 78 percent, were reported by the metropolitan areas of Miami, Los Angeles, Detroit, and New York. In each of the metropolitan areas of Miami and Detroit, for example, approximately 16 percent of the total cocaine emergency room visits reported smoking cocaine in 1985. In Los Angeles, 565, or 35 percent, reported such use of cocaine during this period.

Data on treatment admissions provide another indication of the seriousness of a particular drug abuse problem. Treatment data from 19 States and the District of Columbia indicate an increase in the percent of clients admitted to treatment for a primary cocaine problem from 3.8 percent in 1979 to 9.7 percent in 1983. Although the treatment data for 1983 and 1984 are no longer comparable to previous data because they reflect less than half the States, the data are still useful in looking at distributions by route of administration. Among primary cocaine clients admitted to treatment in 1984, 18 percent reported smoking cocaine as their usual route of administration. This compares to 5 percent reported in 1981.

The Popularity of "Crack"

There are a number of reasons why "crack" has become so popular. It appears that the role of smoking as the drug's route of administration is more important than its purity. "Crack" does not require the use of elaborate paraphernalia; it is usually smoked in a glass pipe. This appeals to the many buyers of "crack" who are first-time users of cocaine. It sells for a lower unit price, which attracts younger and less affluent street customers. To the experienced user, an attractive aspect of "crack" is its rapid effect; these users know that when it is smoked, cocaine's onset of action is much more rapid than when it is snorted.

Previously, cocaine was generally purchased in lots of at least a gram for a price averaging $100 per gram. "Crack," on the other hand, is packaged and marketed in small vials that were designed to hold eyeglass or watch parts. Each small vial holds one dose--approximately 50 to 100 mg. of cocaine. Introducing the unit dose concept to the marketing of cocaine effectively removed the price barrier which previously existed for experimentation with this drug. However, since cocaine is highly addictive in this form, the "crack" user may have to buy so much "crack" to satisfy his or her craving, that it becomes even more expensive than snorting cocaine or using it intravenously.

Some young people may not be aware that "crack" is cocaine and may be under the misconception that they are smoking some type of "new" drug. Peer pressure is intense during childhood and adolescence and cannot be underestimated as a factor in the use of any drug, especially when young people are not aware of the extreme risks associated with a particular substance.

The Federal Response to the Problem

Because so many people are clearly experiencing major problems from the use of cocaine, in whatever form, research into the drug has been and remains an extremely high priority for the National Institute on Drug Abuse. Clearly, the route of administration a cocaine user chooses is extremely significant in determining the effect the drug may have on him or her. NIDA-funded researchers have now been able to quantitatively compare the disposition and pharmacological effects of cocaine--including both the psychological "high" and the cardiovascular effects--following freebase smoking, intravenous injection, and intranasal administration. Researchers have found that the maximum effects for heart rate acceleration, blood pressure elevation, and self-reported "high" occurred at about the same time for the intravenous and smoking routes of administration, while the maximum effects were delayed somewhat for the intranasal route. For example, the average time to peak heart rate acceleration was 10, 12, and 19 minutes respectively for the intravenous, smoked, and intranasal--or snorting--routes. Similarly, the self-reported "high" effect reached a maximum about 20 minutes after intranasal administration, as opposed to 5 minutes after IV use and 7 minutes after beginning smoking.

This rapid onset of action triggers an explosive release of neurotransmitters (e.g., dopamine, norepinephrine, and serotonin) in the brain. Smoking cocaine rapidly depletes the brain's supply of these naturally occurring or endogenous drugs and sets off a craving for stimulation which causes users to return to the drug in an attempt to satisfy it. Yet, because cocaine blocks the return of the neurotransmitters to nerve cells for reuse, continued use of the drug only aggravates this neurotransmitter deficiency.

Researchers have also found that plasma concentrations of cocaine following smoking of 50 mg cocaine freebase were almost equivalent to those following an intravenous dose of 20 mg. The maximum plasma concentration was reached at 5 minutes after smoking, while the maximum concentration was not reached until 30 to 40 minutes after intranasal inhalation.

In order to get a better picture of the epidemiology of various forms of cocaine use, we are undertaking efforts in a number of different areas. Data from our latest annual High School Senior Survey, which we plan to release in late 1986, includes specific questions on the use of "crack" by seniors in the class of 1986. The 1985 National Household Survey, which will be released later this summer, did not include questions on "crack" per se, since it was in the field before "crack" emerged as a problem, but it did ask about routes of administration for cocaine. This would effectively pick up any users of "crack" since it is always smoked.

Mechanisms other than surveys are used to assess the extent of the problem. For example, NIDA has a Community Epidemiology Work Group, which twice a year brings together local experts from major metropolitan areas to identify and assess local drug abuse trends and to share this information. At the most recent meeting of this group, held last month in New York City, participants discussed ethnographic approaches for identifying "crack." NIDA epidemiologists also conduct field investigations, such as the one which I mentioned earlier which first brought crack to the attention of individuals in the field.

In an experiment to ascertain the extent to which data from opinion polls can be used to supplement data from our major drug surveys, questions on the prevalence of alcohol, marijuana, and cocaine use have been added to recent Gallup Polls. Because differences in methods are still being assessed, we do not know how comparable these data are to the National Household Survey, but we will know within the next few months whether we should further pursue this means of getting more current information on drug trends.

Research into the treatment of cocaine abuse is a major area of emphasis for NIDA. Treatment can be both protracted and costly, but we are continuing to investigate several promising approaches. Researchers are investigating such topics as: the use of antidepressant and other medications in the treatment of cocaine withdrawal symptoms; the efficacy of outpatient programs that combine individual, group, and family therapy; and the use of self-help groups as part of aftercare programming for persons treated for cocaine dependence. Last year, NIDA published two monographs which summarized recent findings in these areas: Cocaine: Pharmacology, Effects, and Treatment of Abuse and Cocaine in America: Epidemiologic and Clinical Perspectives.

Because cocaine addiction is so difficult to treat and relapses are common, our first line of defense is to prevent individuals from beginning to use the drug. Failing that, it is important to try to dissuade occasional users from continuing to use the drug. Nevertheless, we must recognize that cocaine is an extremely addictive drug and that many individuals using it cannot discontinue use without help. Our public education efforts in the area of cocaine are aimed at dependent and occasional users, as well as the uninitiated.

Our major effort in the area of public education on cocaine is a multimedia campaign, consisting of radio and television public service announcements and print ads, called: COCAINE. THE BIG LIE. It was launched in March and began airing in mid-April. The campaign is designed to reach users, potential users, and those close to users--wives, parents, and job supervisors. In originally planning the campaign, we took into account current epidemiologic findings and specifically targeted it to young working adults, men and women, age 18 to 35, both blue-collar and white-collar, of all income levels. It features people from all walks of life who have been addicted to cocaine. They describe the seductive and addictive qualities of the drug and the devastating effect cocaine has had on their own health, careers, and relationships. At the conclusion of my testimony, I would like to show you the first wave of television spots, which we think eloquently portray the terrible dangers of the drug.

The next phase of the campaign will be targeted to high school and college students. The campaign is designed in specific phases so that we can adapt it as new information emerges, and we are currently looking into ways of using future campaign materials to educate the public about "crack" and the dangers associated with it.

In conjunction with the campaign, NIDA has made available a new publication, COCAINE ADDICTION: IT COSTS TOO MUCH, in English and Spanish It provides a brief, clear cut message about the dangers of cocaine abuse. Numerous individuals and organizations across the country have already requested this booklet.

In addition, NIDA has published a special edition of Prevention Networks, entitled "Cocaine Use in America." This issue focuses on the cocaine phenomenon, explores the drug in its many forms, and details its effect on the body, mind, and on American society. The two most recent issues of NIDA Notes (which is distributed to more than 10,000 organizations and treatment programs) both contained articles specifically on cocaine, "crack," and current treatment initiatives.

NIDA has also set up a toll-free treatment referral hotline number which is cited on all the media campaign ads. The number, 1-800-662-HELP, has serviced approximately 6,000 callers since it began operating on April 15. Calls have come in from every State and from people in all walks of life, indicating that the ads are being widely aired and are reaching substantial numbers of people. The largest number of callers are from three States: Florida, California, and New York. Because of the tremendous response to the program, we will be expanding the hotline with additional lines and staff.

Since the campaign is geared to the largest group of cocaine users, working people aged 18 to 35, certain activities have been initiated to reach these individuals in the workplace, such as having the print ads run in employee newsletters and other communications channels. We also have been working with representatives of the business community to urge their participation in employee education about cocaine. A special ad aimed at executives and supervisors is being prepared for the Business Community Press, a group of publications aimed at leadership in the business community.

Baseball Commissioner Peter Ueberroth will be using NIDA's cocaine prevention campaign materials to promote a strong cocaine prevention message to baseball fans. He will be displaying posters, broadcasting the public service announcements at games, and placing print advertisements in weekly baseball programs. In addition, just last week, Mr. Ueberroth and NIDA collaborated in the production of additional public service announcements on cocaine, which feature famous baseball celebrities who have not used drugs to provide young people with positive role models.

In addition to this national media campaign and the activities associated with it, NIDA is involved in a number of other major prevention initiatives which we hope will have an impact upon cocaine use, especially by young people. For example, the Institute has identified Oakland Parents in Action, a comprehensive community project, as a model for reaching minority communities with citizen-involved drug abuse prevention programming, and is helping to replicate this effort in other ethnic minority communities in Atlanta, Georgia, Corpus Christi, Texas, and the Hopi Indian Reservation in Arizona. NIDA is also working with The Links, a national Black women's civic organization and with two black college sororities, the Delta Sigma Theta Sorority and the Zeta Phi Beta Sorority, to promote local citizens' involvement in drug and alcohol abuse prevention.

NIDA is promoting the implementation of prevention strategies that have been found to work in the school setting and the formulation of school policy relating to the drug issue. While we continue to identify, describe, and assist in disseminating school curricula designed to prevent drug and alcohol abuse, we are convinced that these curricula themselves are not effective without a support network--of parents, teachers, coaches, and other role models--in place to back them up. Helping communities to develop these support networks is a major focus of our prevention efforts. College age students are a new focus of those efforts.

NIDA is also involved in a special initiative designed to reach out to youth groups who appear to have been overlooked in prior prevention efforts. These target groups include runaway youth, children of substance abusers, juvenile delinquents, and foster care children. In addition, NIDA has a cooperative program with the Office of Juvenile Justice and Delinquency Prevention to conduct conferences and provide substance abuse technical assistance and training to Juvenile Probation Departments.

NIDA has targeted health professionals to learn how they can be active in drug prevention and intervention on behalf of their patients and their community. New training materials have been developed on substance abuse for pediatricians and family doctors to clarify their potential role in prevention, intervention, counseling, and/or referral; similar materials are being developed for nursing staff. Various collaborative efforts are underway with such groups as the American College of Obstetricians and Gynecologists and to the American Nursing Association for the development and dissemination of materials on drug abuse. In 1985, contracts were awarded to the American Psychiatric Association, the Ambulatory Pediatric Association, the Society for Teachers in Family Medicine, and the Society for Research and Education in Internal Medicine to enhance medical education in substance abuse.

In August, NIDA will hold an important national prevention conference, "Sharing Knowledge for Action," which will bring together prevention staff from all over the country. The conference will emphasize research, policy, program applications, and networking in four theme areas: 1) prevention and schools; 2) family; 3) community; and 4) policy. "Crack" will be a topic of significant interest at this meeting.

We are frustrated, as we know you are, by the fact that drug abuse and the problems associated with it continue not only to exist, but to show up in new and frightening forms, such as "crack" use. Nevertheless, we do believe it is imperative that we continue to seek knowledge about and ultimately answers to the problem--whether they be in research, prevention, or treatment--and to communicate that knowledge as broadly as possible. We look forward to working with you in these endeavors and thank you for focusing national attention on a problem that concerns us all.

STATEMENT OF
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BEFORE THE

U. S. SENATE PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

JULY 15, 1986

Warning

In 1979 in testimony before the House Select Committee on Narcotic Abuse and Control I warned of the dangers of free base cocaine and described it as "extremely dangerous."[1] I pleaded at that time "for the Federal Government to engage in an educational campaign to prevent a drug abuse epidemic." I emphasized that it was critical to find out about this form of abuse and to use media to illustrate the disastrous effects of cocaine smoking in order to forestall epidemic use. This advice went unheeded. We are not significantly more knowledgeable about cocaine smoking. No educational campaign was mounted. The street chemists have advanced in their black art and the reduced price and improved marketing of cocaine free base are fueling a terrifying problem. Today we are in the midst of the predicted epidemic.

Spread of Use

I hope my testimony today will have a greater effect than my warnings in 1979. We had seen the danger in Peru. Other nations can be added to the list of casualties of free base cocaine smoking. A serious epidemic has been described in the Bahamas[2] and reports from the Netherlands, Ecuador and Bolivia all indicate a worldwide spread of this destructive disease.

Dangers Stated in Past

The dangers of any kind of cocaine use have been presented many times in the past. In 1982 Dr. Craig Van Dyke and I wrote, "The smoking or injection of cocaine can lead to almost continual consumption and drug-seeking behavior, destructive to personal competence and productivity."[3] Hans Maier[4] in 1926 described the "almost unbelievable obstinacy" of cocaine addiction as well as the impoverishment of emotional life and the loss of the emotional elements of the personality. In 1924 Lewin[5] stated, "Those who believe they can enter the temple of happiness through this gate of pleasure purchase their momentary delights at the cost of body and soul. They speedily pass through the gate of unhappiness into the night of the abyss."

ROBERT BYCK, M.D.

The resurgence of cocaine since the 1970s has been a public health and economic threat to our country. We are now, however, faced with a far more serious problem. The economics of cocaine are changing and the application of modern criminal retailing methods in conjunction with a "new" drug of abuse is a challenge which must be met by action.

Cocaine is ordinarily taken in the form of the hydrochloride salt snorted intranasally. The salt dissolves in the water of the mucous membranes and is then taken up into the blood. This type of administration has its dangers but is a more limited risk form of activity than smoking or intravenous usage. Intranasal cocaine limits its own absorption by constricting the blood vessels of the nose and so the amount of drug available to the body increases slowly. Despite this, widespread intranasal use of cocaine has resulted in a significant number of intensive users and the development of a multibillion dollar cocaine industry which is a direct threat to the U.S. economy.

The Problem of Free Base Smoking

"Crack," the street name for free base cocaine, has been reported by the media as a new more potent form of cocaine. It represents a different aspect of an old problem. Epidemic use of "crack" among children and the establishment of "crack houses" or "base houses" are reported with alarm. In the past, the media have often exaggerated the "drug menace" in order to sell papers. These new reports are not an overstated drug scare. From a medical and drug abuse perspective this is the most frightening development in many years.

"Crack" is a crudely derived form of alkaloidal or free base of cocaine. The active chemical is the same but the physical properties of the drug as used are different. The free base is also present in cocaine "paste" which is an intermediate product in producing the hydrochloride salt. It has been used in South America and in this country for at least fifteen years.[6-12] The free base of cocaine melts at about the temperature of boiling water and vaporizes with additional heat. This vaporization allows the material to be smoked and thereby delivers large quantities of cocaine to the blood vessels of the lung. The salts of cocaine cannot be smoked effectively. Smoking drugs is a common habit; taking injections is not. "Basing" produces the effect of intravenous administration without the inconvenience of the intravenous route. A very high percentage of "crack" users become addicted to the use of the drug. Some experts estimate a fifty times greater risk of addiction than with snorted intranasal cocaine hydrochloride.

The popularization of cocaine free base smoking was delayed because it was both complicated and dangerous to extract the alkaloid. The change in patterns of cocaine abuse also resulted from a decrease in price of cocaine. With the price decrease it became feasible to convert cocaine hydrochloride back to the free base or alkaloid and sell the product in the form of "rocks" at a low unit price. Street chemists simplified the extraction. The conversion is made with the use of baking powder and household ammonia. "Rocks" of free base are often prepared by the dealers and so no chemical knowledge is required of the users. The drug is then smoked in a glass "base pipe." The material is placed on a screen within the pipe and heated with a butane torch or cigarette lighter. A user can inhale the vaporized substance in relatively unlimited quantities.

The Effects of Free Base Smoking

The intensity of the effect of cocaine as with many psychoactive drugs is dependent on how fast the drug is absorbed into the blood, and how quickly it gets to the brain. With routes of administration such as smoking or intravenous an intense euphoric experience follows rapidly after administration. The extremely pleasurable nature of the experience which is often followed within minutes by a dysphoric crash results in a rapidly established addiction. Abusers repeat use of the drug both to feel good and to avoid feeling terrible. Free base is often used in conjunction with alcohol, marihuana, or opiates which diminish the irritability associated with cocaine. Typical users will smoke for periods of fifteen hours or more and repeat the experience several times a week.

The addiction to smoking free base cocaine has severe medical and social consequences. Lung damage has been reported[13]; seizures are not uncommon and cardiovascular events such as strokes or heart attacks may occur. Cocaine causes increases in heart rate and blood pressure in a dose related fashion. The doses of freebase used now are gigantic by previous standards of cocaine usage. Negative social and economic consequences are almost inevitable in the free base smoker. The highly addictive behavior and disregard of other responsibilities can lead to job loss, theft, marital discord, and social disintegration. We have seen patients whose expenses for free base exceeded three quarters of a million dollars a year. The issue, however, is not the big money users.

A new population is now at greater risk because free base is easily available for ten or fifteen dollars. The poor, the psychiatrically impaired and children now have access to a disastrously addicting drug experience. Entry level dealers can make four or five hundred dollars a day. Specialized "crack houses" are becoming more common and provide a place and equipment to use free base. Dealers on motor scooters ply the streets of New York. The distribution method for "crack" resembles the classic American fast food retailing pattern blended with the classic opium den. A high volume, high profit, socially destructive business has now been created.

Identification of Users

Identification of persons who are using "crack" may be difficult at first. There are no reliable indicators but atypical irresponsibility should cause suspicion. Employers and parents may notice large segments of unaccounted-for time since users are unable to predict binge durations. The sense of smell is missing and intensive users may lose weight. Users will often increase food intake and sleep more when they are in between drug binges.

Treatment of Users

Treatment of free base users is difficult. Argument, persuasion and usual psychotherapeutic methods are ineffectual unless access to the drug is prevented. Even though results are variable specialized stimulant abuse outpatient programs are often effective. Unfortunately outpatient therapy may be ineffective and the abuser must then be treated in an inpatient psychiatric unit which can completely eliminate access to the drug.

Estimates are that thirty million Americans have been exposed to cocaine and that there are ten million or more regular (once a month or more) users. There are probably one to three million impaired cocaine abusers today. The introduction of free base smoking with an efficient distribution system and method is sure to greatly increase these figures. Jekel et al.[2] have reported an explosive epidemic of free base use in the Bahamas. An equivalent event in the United States will be a disaster. "Base" is not free; it is enslaving.

ROBERT BYCK, M.D.

A Plan for Action

What should we do? The multiple facets of the problem do not permit a unitary solution. I recognize that hundreds of years of "solutions" to drug problems have rarely, if ever, been successful. Calls for stronger enforcement policies are appropriate but will not in themselves come near to solving the problem. Prevention is our most important imperative but treatment of users is also required.

I would propose:

First: A crash research effort to discover and clearly document the addictiveness of free base smoking, as well as its medical and behavioral consequences. This is a necessary first step because warnings based on speculation and unsubstantiated consequences of drug use have not been successful in the past.

Second: A collaboration of government and media to disseminate the information at every level of education and public awareness.

Third: Rigorous evaluation of treatment methods and the development of scientifically based recommendations must be supported.

Fourth: Rescheduling of free base cocaine as a Schedule I substance and a rewriting of the laws to make possession of free base an offense with significant punishment.

Fifth: Laws should establish a requirement that all pipes or commercially sold paraphernalia carry a nonremovable emblem of a skull and crossbones and an appropriate warning.

ROBERT BYCK, M.D.

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U.S. Department of Justice

Drug Enforcement Administration

Statement

of

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U.S. Department of Justice

on

The Crack Problem

before the

Committee on Governmental Affairs
Permanent Subcommittee on Investigations
United States Senate

William V. Roth, Jr., Chairman
July 15, 1986

Chairman Roth, Members of the Senate Permanent Subcommittee on Investigations: I am pleased to appear before you this morning to discuss "crack," a smokable, free-base form of cocaine.

There has been much publicity recently about what has been called an epidemic of crack, and, on behalf of the Drug Enforcement Administration, I am pleased that your Subcommittee is addressing this serious issue.

I would first like to give you some background on crack before I discuss DEA's role regarding halting this newest drug abuse problem.

The first product to be made from the leaves of the coca plant is coca paste, which is used to produce cocaine base. Dried cocaine base is usually dissolved in ethyl ether, acetone, or a mixture of both and filtered to remove solid impurities. A mixture of acetone and concentrated hydrochloric acid, or ethanol and concentrated hydrochloric acid is added to precipitate cocaine hydrochloride. The precipitate is filtered and dried carefully, using bright light, to produce a white, crystalline powder, cocaine hydrochloride, otherwise known simply as cocaine.

Cocaine hydrochloride, available on the street at 30 to 40 percent purity, remains the most common coca product in the United States. The predominant methods of cocaine abuse continue to be primarily through inhaling and, to some extent, injecting cocaine hydrochloride. In the past year or so, however, the use of "crack" has become increasingly prevalent in certain areas.

Because cocaine hydrochloride will largely decompose if smoked directly, the hydrochloride must be converted back to a relatively pure base state, or free-base, before it is suitable for smoking. Free-base is either made the traditional way by using volatile chemicals, most notably the highly explosive ether, or by a heating and cooling method that produces crack.

In traditional free-basing, cocaine hydrochloride is mixed with baking soda or ammonia, and then with water, and ether. The ether then evaporates to produce a powdery cocaine base, which is smoked in a water pipe or sprinkled on a tobacco or marijuana cigarette and smoked.

Heating free-base that is not completely dry and therefore contains ether can result in an explosion. Ether is not used to make crack. Rather, crack is made from either baking soda or ammonia. Crack is safe from explosion since no ether is used.

Crack is an off-white color resembling coagulated soap powder or pieces of soap. Crack made either with baking soda or ammonia is smoked in a water pipe or sprinkled over a tobacco or marijuana cigarette and smoked. The word "crack" either comes from the crackling sound made when it is smoked before it dries, or from its occasional resemblance to cracked paint chips or plaster.

It is sold on the streets, usually in small vials, glassine envelopes, or sealed plastic bags, at purity levels between 60 and 90 percent. Although amounts vary, small vials contain an average of 100 milligrams of crack, which cost approximately $10. Preliminary information indicates that, nationwide, 250 milligrams cost $25, and 500 milligrams cost $40-$50. A ten-dollar vial of 100 milligrams can provide one, two or three inhalations when smoked in a pipe, depending on how deeply the user breathes.

The low price per dose may attract crack buyers, while giving the dealer a substantial profit. Since crack users often crave more immediately after smoking, they purchase more cocaine in the crack form than they may have if they had used cocaine hydrochloride regularly.

Crack is sold on the street or in crack houses, also known as rock, base, free-base, or smoke houses. Crack houses generally are apartments or houses. The definition of what constitutes a crack house varies from city to city. In some cities, a user can both purchase and smoke the drug on the premises. In others, a user can only purchase the drug and is not allowed entry. Still in others, a user must bring his own crack, because the drug is not sold on the premises; the house simply provides a room and a pipe for smoking crack.

It is generally believed that the desire for a more intense "high" without the complications and dangers involved in free-basing with ether or injecting cocaine with hypodermic needles that could spread AIDS has been the impetus for the smoking of crack as an alternative form of use.

The euphoric effect produced by smoking crack is far more intense than if the cocaine is ingested through inhaling and at least equal to, if not surpassing, that obtained through injection. Crack's effects occur rapidly, generally in a few seconds, and usually last from five to ten minutes. Following this, the user may experience a restless irritability accompanied by a severe depression and an almost insatiable craving for more of the drug.

Crack affects the body in several ways: Stimulation of the central nervous system produces euphoria, hallucinations, irritability, and paranoia. Blood pressure increases and may cause, in some cases, brain hemorrhage or convulsions. The heart beats more rapidly and may become irregular, causing a heart attack. Chronic crack smoking may lead to hoarseness or bronchitis.

Crack has emerged as a major drug problem in less than a year. As a result, data on usage, emergency room mentions, and arrests have not focused on crack as an individual category of drug abuse apart from cocaine.

For instance, the Drug Enforcement Administration relies primarily on DAWN, the Drug Abuse Warning Network, for information on drug-related injuries and deaths. DAWN is a Federally-funded, large-scale data collection system which has approximately 750 emergency rooms reporting nationwide. For the reporting purposes of DAWN, drug abuse is defined as the non-medical use of a substance for psychic effect, dependence, or suicide attempt. There are statistical reasons for believing that trends and patterns gleaned from emergency room statistics are parallel to those in the abusing population at large.

Since only 750 emergency rooms report, DEA has developed a model that uses mathematical techniques for estimating the number of drug abuse episodes which could be expected if DAWN included all emergency rooms across the country. As extrapolated from DAWN, nationwide estimates of emergency room episodes for cocaine in the first two quarters of FY 1986 increased by approximately 3,000 episodes, or 23 percent, over the same period in FY 1985. Cocaine mentions showed the only appreciable increase of major drug categories. I believe that this recent increase in DAWN cocaine mentions can be directly attributed to crack abuse.

Another way of looking at DAWN statistics is through identifying how the drug entered the patient's body. It should be noted that it is not always possible for DAWN hospital personnel to determine how the drug was taken; therefore, these statistics may not be as complete. Although the number of cocaine-related hospital emergencies, or injuries, involving cocaine smoking as the primary route of administration is relatively small compared to those involving injection or nasal inhalation, they are increasing at a much higher rate. From 1984 to 1985, the number of DAWN injuries recorded due to cocaine smoking rose from more than 600 to more than 1,100, an increase of 83 percent. Much of this increase is believed to be due to the smoking of crack, as opposed to smoking of more traditional free-based cocaine.

The 800-COCAINE Hotline has gathered some statistics on crack abuse that show preliminary trends among users. They conducted a random sample of 458 primary cocaine users who called the hotline during May 1986. Of these 458 persons, 144, or 33 percent, were using crack. The majority of crack users, 72 percent, were males, 94 percent were 20-39 years old, and 57 percent earned more than $16,000 a year. They spent over $100 per week on the drug. The vast majority, 81 percent, said they had switched from "snorting occasionally" to smoking crack.

These hotline statistics from May 1986 also indicate that 82 percent of the callers using crack reported a compulsion to use the drug again as soon as the brief high wore off; 78 percent reported the onset of compulsive use and significant drug-related problems within two months of first use. As to side effects, callers experienced the following:

- The majority experienced severe and life-threatening psychiatric and physiologic side effects
- 64 percent had chest congestion
- 40 percent had a chronic cough
- 85 percent experienced severe depression
- 78 percent reported irritability
- 65 percent felt paranoia
- 40 percent had memory lapses
- 31 percent showed violent behavior

- 18 percent attempted suicide
- 7 percent had brain seizures with a loss of consciousness.

To our knowledge, at this time there is no comprehensive analysis of the crack problem, either from a health or enforcement viewpoint. We have collected data voluntarily gathered by various health or police professionals. For instance, New York City detectives have reported, through "empirical evidence," that crack has attributed to increases in homicides, and that crack accounts for approximately 50 percent of all cocaine arrests in New York today.

DEA's own enforcement information on crack is also incomplete. As in the case of DAWN statistics, DEA's data collection system for drug arrests do not differentiate between cocaine hydrochloride and crack. DEA total arrests for all drug categories for the first half of FY 1986 as compared to the same period in FY 1985 increased by more than 2,000 persons, from approximately 6,000 arrests to more than 8,000. almost a 35 percent increase. Arrests in cocaine cases increased by more than 1,500 during the same time period, from more than 2,500 to more than 4,000 persons, almost a 60 percent increase. Cocaine arrests, in fact, accounted for nearly 80 percent of the total increase in arrests.

Since this enforcement data is incomplete, DEA last week began an extensive, in-depth intelligence survey through all of its domestic field offices to try to discern the use and availability of crack, its purity, and price. We are also looking for the general locations, city or suburb, street or crack house, where it is being sold; how it is packaged; how much is usually seized from a dealer or a user; have arrests for possession or sale of crack increased; have the local police departments mounted special enforcement campaigns to curtail the sale and distribution of crack; are local medical and drug treatment facilities experiencing an increase in the number of admissions for crack usage; what demographic information on the user is available; and what is the extent of the media attention or the public awareness in each area.

Local drug treatment professionals and police departments nationwide are being contacted for this study. We anticipate it will be completed in two months, at which time DEA will use the results to help define our strategy for dealing with the crack problem.

To begin our formal inquiry into the extent of the crack situation, DEA held a day-long conference on crack in June in New York City. Participants included DEA officials, law enforcement officers, health and medical experts, and officials of the U.S. Justice Department, and the National Institute of Drug Abuse.

I believe that it is important, at this point, to reemphasize DEA's role in drug law enforcement. As with any drug trafficking situation, DEA targets the uppermost echelon of the traffic, focusing on those involved at the source and those responsible for wholesale distribution of illicit controlled substances. DEA then works with state and local enforcement agencies through a variety of programs to address drug trafficking activities that are not of international or interstate dimensions, but rather are occurring at the mid-level or retail level of drug distribution. Progress against the crack problem is tied directly to our ability to impact on the original cocaine source and major trafficking smuggling and distribution organizations. This is the area where we will continue to place the majority of our efforts. Efforts in local areas will be taken in cooperation with local police or established task force programs.

DEA supports 34 State and Local Task Forces and 13 shared funding task forces in which DEA Special Agents and officers from state and local law enforcement agencies cooperate on narcotics investigations in order to disrupt the illicit drug traffic in certain geographic areas. Based on our limited reporting thus far, the major cities which are experiencing crack problems all have these task forces.

Additionally, DEA will use all of its intelligence resources, foreign and domestic, strategic and operational, to keep state and local police officials abreast of any new information which DEA develops regarding crack distribution.

In the international arena, DEA coordinates or participates in a range of enforcement and cooperative efforts to control cocaine production and distribution in South America. Along with other Federal agencies, DEA encourages South American source countries to eradicate coca plants and seize and destroy cocaine base and hydrochloride laboratories.

The control of essential chemicals to manufacture drugs like cocaine requires the cooperation of many nations. For several years, DEA has spearheaded Operation Chem Con to reduce the availability of essential chemicals used in the illicit manufacture of cocaine hydrochloride and other drugs. In 1985, approximately 2,600 55-gallon drums of ether were seized in the United States and abroad. This amount of ether would have produced more than 30,000 kilos of cocaine hydrochloride, worth nearly one billion dollars. Chem Con acetone seizures totalled more than 4,500 55-gallon drums, which would have processed about 54,000 kilos of cocaine. In 1985, these successes were achieved through cooperation of law enforcement agencies and private firms predominantly in the countries of Germany, Brazil, France, Colombia, Ecuador, Venezuela, Panama, and the Netherlands.

Operation Stop Prop is another joint operation that started and mainly operates in Latin America, but which is expanding into the Caribbean. Its goal is to minimize general aviation smuggling of cocaine using a sophisticated intelligence program to find clandestine labs and airstrips, and the aircraft used by traffickers.

Operation Pipeline is a domestic operation begun by the New Mexico State Police in 1983 to identify, intercept, arrest, and prosecute cocaine couriers using major highways in the United States. DEA resources are being used to train state and local police for this operation in over 30 states from Florida to the West Coast. Over 70 cocaine and money seizures have been made by the New Mexico State Police.

One of the most exciting developments is the success of IDEC. The International Drug Enforcement Conference, called IDEC, was initiated by DEA in 1983 to foster cooperation with South America and Central America by creating a network of law enforcement executives with the unified goal of eradicating drug trafficking. IDEC most recently held its fourth annual meeting in April in Argentina. Resolutions were passed to work on multilateral extradition treaties; the enactment of more uniform penalties for narcotic crimes; adopt the goal of Operation Stop Prop; and the furtherance of regional narcotic enforcement programs.

In combination with enforcement strategies to deal with crack, DEA is also approaching the problem through its demand reduction emphasis on prevention and education. DEA now includes a presentation on crack by a DEA Special Agent in each of the DEA-sponsored Sports Drug Awareness Program seminars for high school coaches. These coaches, in turn, can help reach 5.5 million student athletes, who may act as role models, using positive peer pressure to keep other students from using drugs.

DEA is also editing a videotape of the recent New York City conference on crack that covers the extent of the crack problem, its method of manufacture and distribution. DEA field offices will be able to use this videotape in public education programs and law enforcement training across the country.

CONCLUSION

DEA's continuing area of primacy is to reduce the flow of all cocaine into the United States. The different aspects of the national strategy to address the cocaine problem, which also encompass crop eradication and other cooperative efforts in the international sphere, investigations and prosecutions of the upper levels of cocaine trafficking, and drug demand reduction, will ultimately have the desired effect on the crack problem as well.

Mister Chairman, I appreciate your Subcommittee's interest in the fast-growing problem of crack, and its effect on our nation's continuing drug abuse situation. I will be pleased to answer any questions you may have.